

196

**OREGON DEPARTMENT OF CORRECTIONS
PHYSICAL EXAMINATION**

DISTANT VISION ☐ With ☒ Without Glasses R. 20/25 L. 20/15
 HEARING ☒ Adequate ☐ Not Adequate (Spoken voice at 20 feet)

SUBJECTIVE

CURRENT COMPLAINT: none

OBJECTIVE

Make pertinent comments regarding positive findings, correlate with positive history when indicated.
 WNL indicates that the examiner found no clinical evidence of disease or other health condition.

| SYSTEM | +HISTORY | EXAMINATION |
|---|----------|-------------|
| I. Integument scars scalp hair skin nails | neg | WNL |
| II. HEENT head eyes ears nose throat/mouth | | WNL |
| III. Lymph Nodes | | WNL |
| IV. Breasts | | WNL |
| V. Lungs/Chest | | WNL |
| VI. Cardiac/Circ. | | WNL |
| VII. Abdomen | | WNL |

☒ Male ☐ Female

Height 5'6" Weight 162 (165)
 Pulse 71 B/P 117/74
 Temp 98.6

LAURIOS-MARTINEZ, MOISES
 14201155
 [REDACTED]

CD 1299 H pl (11/94)

LAR-MAR-PLT- 202

Declaration of Steven Shelton, M.D.
 Attachment 1; Page 2 of 100

176

| SYSTEM | HISTORY | EXAMINATION |
|---|---------|-------------|
| VIII. Hernia | neg | W/M |
| IX. GU (Male) penis testes/scrotum | ↓ | W/M |
| X. Rectum | | W/M |
| XI. GU (Female) BSU/external cervix uterus adnexa | ✓ | ✓ |
| XII. Nervous System | neg | W/M |
| XIII. Orthopedic | ↓ | W/M |
| XIV. Mental Status | ✓ | W/M |

ASSESSMENT

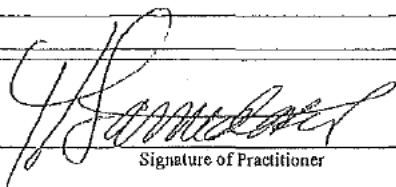
1. Write major diagnoses/problems on Problem List.

PLAN

1. Write necessary follow-up on Order Sheet.
2. Write brief SOAP note in Progress Notes.

PATIENT TEACHING COMPLETED DURING EXAMINATION☐ Medications☐ Diet/Exercise☒ Self Testicular Exam☐ Weight Reduction☐ Back Care☐ Self Breast Exam☒ Communicable Disease Control☐ Smoking Cessation

Instructions/Comments _____


Signature of Practitioner

Date

4/20/10

LAURIOS-MARTINEZ, MOISES
14201155

LAR-MAR-PLT- 182

191

MEDICAL HISTORY

Check appropriate response. Explain all "yes" answers briefly, e.g. date of occurrence or diagnosis, type and length of treatment or prescriptions.

| | YES | NO | COMMENT |
|---------------------------------|--------------------------|-------------------------------------|---------|
| 1. Arthritis | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 2. Eczema/Skin Condition | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 3. Eye disease/Blindness | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 4. Thyroid Trouble | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 5. Heart Trouble | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 6. High Blood Pressure | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 7. Emphysema/Asthma | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 8. Stomach Trouble | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 9. Hepatitis/Liver Disease | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 10. Gall Bladder Problem | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 11. Diabetes | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 12. Kidney/Bladder Problem | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 13. Prostate Trouble | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 14. Rectal Bleeding/Hemorrhoids | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 15. Epilepsy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 16. Cancer | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 17. Blood Disorder | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 18. HIV | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 19. STD's | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

2 bad discs in back
lower - gets pain &
numbness / tingling at
times in leg. etc

x3 yrs ago -
TRAUMA/ORTHOPEDIC/HOSPITALIZATION
(Significant Only)

Injuries: _____

Surgeries: _____

Hospitalization: _____

yes - had LIT operation x3 yrs ago - etc

IMMUNIZATION HISTORY

Enter date received or N/A

MMR _____

Tetanus? _____

Pneumovax ? _____

Hep A? _____

Hep B? _____

Twinkl? _____

FAMILY HISTORY

Are any of your relative known to have:

| | YES | NO | COMMENTS |
|-----------------------------|--------------------------|-------------------------------------|----------|
| 1. Arthritis | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 2. Allergies | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 3. Anemia | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 4. Bleeding Tendencies | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 5. Cancer | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 6. Diabetes | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 7. Epilepsy | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 8. Heart Trouble | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 9. Hypertension | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 10. Mental Illness | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 11. Other Inherited Disease | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

ADDITIONAL INFORMATION

Is there anything else about your health history/status that we should be aware of?
If yes, explain _____

Yes ☐No ☐

LAURIOS-MARTINEZ, MOISES
14201155

LAR-MAR-PLT- 203

198

OREGON DEPARTMENT OF DEPARTMENT
MED. RECEIVING SCREENING/MEDICAL HISTO

| LEVEL OF CONSCIOUSNESS | MENTAL STATUS | BEHAVIOR | APPEARANCE | SKIN CONDITION |
|--------------------------------------|---|--|---|---|
| <input type="checkbox"/> Alert | <input type="checkbox"/> Oriented AOx3 | <input type="checkbox"/> Cooperative | <input type="checkbox"/> Relaxed | <input type="checkbox"/> Unremarkable |
| <input type="checkbox"/> Confused | <input type="checkbox"/> Normal Affect | <input type="checkbox"/> Passive | <input type="checkbox"/> Clean/Neat | <input type="checkbox"/> Bruises |
| <input type="checkbox"/> Agitated | <input type="checkbox"/> Flat Affect | <input type="checkbox"/> Evasive | <input type="checkbox"/> Disheveled | <input type="checkbox"/> Breaks in Skin |
| <input type="checkbox"/> <u>SAIT</u> | <input type="checkbox"/> Elated | <input type="checkbox"/> Demanding | <input type="checkbox"/> Dirty | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Fearful | <input type="checkbox"/> Angry | <input type="checkbox"/> Body Odor | <input type="checkbox"/> Diaphoretic |
| <input type="checkbox"/> Limp | <input type="checkbox"/> Hyper vigilant | <input type="checkbox"/> Threatening | <input type="checkbox"/> Tremulous | <input type="checkbox"/> Infestation |
| <input type="checkbox"/> Staggering | <input type="checkbox"/> Hallucinating | <input type="checkbox"/> Combative | <input type="checkbox"/> Body Deformity | <input type="checkbox"/> Needle Marks |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Delusional | <input type="checkbox"/> Appears in Pain | <input type="checkbox"/> Prosthetics | <input type="checkbox"/> Lesions |
| | <input type="checkbox"/> Incoherent | | <input type="checkbox"/> Poor Dentition | <input type="checkbox"/> Other _____ |

- Do you have any current illness, injury, or special health requirements? Yes ☐ No ☐
Explain: _____
- Dental Screening completed Yes ☒ No ☐ Follow up: Routine ☒ Urgent ☐ Emergent ☐
- Are you currently on medications? *Benzoyl - last taken x 15 days ago for HA - No* Yes ☐ No ☐
Medications: _____
- Do you have or have you had any communicable diseases? Yes ☐ No ☐
Explain: _____
- Alcohol and drug use: *0* Amount: _____ Last Use: _____
Tobacco Type: *0* How much? *0* How Many Years? _____
Drugs: Type *0* 1st Use _____ Last Used _____ Duration _____ Mode _____
- Have you had serious withdrawal symptoms (seizures, DT's) after stopping drugs or alcohol? Yes ☐ No ☒
Explain: _____
- ALLERGIES: *Pork Fish - PCN - Nines*
Reactions: _____

FEMALE INMATE

Are you pregnant now?

Yes ☐ No ☐

| | Yes | No | Comments |
|--------------------------|--------------------------|--------------------------|----------|
| a. PID | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| b. Lumps in Breast | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| c. Menopausal | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| d. Gyn Surgery | Date _____ | | _____ |
| i. Tubal | _____ | | _____ |
| ii. Hyst/Why? | _____ | | _____ |
| iii. Pan Hyst/Why? | _____ | | _____ |
| iv. C Sect | _____ | | _____ |
| Pregnancy History | | | |
| a. Gravid/## pregnancies | _____ | | _____ |
| b. Para/## of births | _____ | | _____ |
| c. SAB/miscarriages | _____ | | _____ |
| d. TAB/abortions | _____ | | _____ |
| e. LMP | _____ | | _____ |
| Birth Control Method | _____ | | _____ |

LAURIOS-MARTINEZ, MOISES
14201155

LAR-MAR-PLT- 204

17+

MENTAL HEALTH

1. Have you ever been treated for mental health or emotional problems?
If yes, when, why, & where?
Medication? _____ Yes ☐ No ☒
2. Have you been a mental health or suicide risk during incarceration at DOC facility?
If yes, explain? _____ Yes ☐ No ☒
3. Have you ever been hospitalized for mental illness
If yes, where and how long? _____ Yes ☐ No ☒
4. Have you ever attempted/consider suicide?
If yes, when, why, & how? _____ Yes ☐ No ☒
5. Are you thinking of hurting and/or killing yourself?
If yes, explain _____ Yes ☐ No ☒
6. Do you feel there is nothing to look forward to in the immediate future? (Inmate expressing hopelessness and/or helplessness?)
If yes, explain _____ Yes ☐ No ☒
7. Was the inmate a medical, mental health or suicide risk during the incarceration in the sending institution, and/or does the transporting office believed that the inmate is a medical, mental health or suicide risk now?
If yes, explain: _____ Yes ☐ No ☒

DISPOSITION

Mental Health Referral: Yes ☐ No ☒
Who did you contact? _____ What time? _____

Medical Referral: Yes ☐ No ☒
Who did you contact? _____ What time? _____

Population:
General population ☒ General population w/referral ☐ Infirmary ☐

Instructed in accessing health care? Yes ☐ No ☒
If no, why? _____

Date /Time Screened: 4/14/10 0830

Signature: [Signature] Date: 4/14/10
(Inmate Signature)

Signature: [Signature] Date: 4/16/10
(Interviewer Signature)

Signature: [Signature] Date: 4/20/10
(Practitioner Signature)

LAURIOS-MARTINEZ, MOISES
14201155
[Redacted]

LAR-MAR-PLT- 183

Boceprevir Treatment Algorithm

| Boceprevir Treatment Duration | | | | | | |
|-------------------------------|--------------------|------------|-------------|--------------------------------------|---------|-------------------|
| | Lead-in Peg/Rib | Wk 0 RNA | Wk 2 RNA | Triple therapy Peg/Rib/Boceprevir | Peg/Rib | Total Duration |
| Treatment-naïve | 4 wks | Neg | Neg | 24 wks | - | 28 wks |
| <i>Str A 9/5/12</i> | 4 wks | <u>Pos</u> | Neg | 32 wks | 12 wks | 48 wks = 8/7/11 |
| Prior Relapser or | 4 wks | Neg | Neg | 32 wks | - | 36 wks |
| Partial Responder | 4 wks | Pos | Neg | 32 wks = 5/22/13 | 12 wks | 48 wks |
| <i>BCV stop 10/10/12</i> | | | | | | |
| Cirrhotics | 4 wks | | Neg | 44 wks | | 48 wks |

Null responder: No data

Peg = Peginterferon

Rib = Ribavirin

LARIOS-MARTINEZ, MOISES
14201155



STOPPING RULES/TREATMENT FUTILITY: If HCV RNA ≥ 100 IU/mL at week 12, or detectable at any level at week 24, discontinue all treatment. It isn't working.

LAR-MAR-PLT- 013

Hepatitis C Viral Eradication Treatment Monitoring

BCV 10/10/12 → 7/27/13

| | | |
|--|--------------|--|
| Wk 0 | Date 9/5/12 | Begin Viral Eradication Treatment Order CMP, CBC, assessments wkly for four weeks |
| Weight = 170 pounds | | Hepatitis C Genotype: 1b |
| Order Medication Therapy: 1. Genotypes 1 or 4: If weight >165 pounds: Ribavirin 600 mg p.o. bid x 12 weeks If weight <165 pounds: Ribavirin 400 mg p.o. q a.m. and 600 mg p.o. q p.m. x 12 weeks Genotypes 2 or 3: Ribavirin 400 mg bid x 12 weeks 2. Pegylated interferon alpha-2a 180 mcg sc every week x 12 weeks Baseline Hepatitis C Quantitative Viral Load for Genotypes 1 and 4: | | |
| Wk 1 | Date | Assessment, CBC, CMP <input type="checkbox"/> See Chart Notes |
| Subjective | | |
| Objective | | |
| Assessment | | |
| Plan | | |
| Wk 2 | Date 9/19/12 | Assessment, CBC, CMP <input type="checkbox"/> See Chart Notes |
| Subjective All complaints at all | | |
| Objective SKM, dist E | | |
| Assessment HCV to wk 2 | | |
| Plan Follow per protocol & remain RUC ✓ WLCY | | |
| Wk 3 | Date 9/26/12 | Assessment, CBC, CMP <input type="checkbox"/> See Chart Notes |
| Subjective Gradual off prod. Mild fatigue. Mild const. | | |
| Objective SKM, dist E, nasal congestion | | |
| Assessment CEM off prod. & WLC, RUC rem | | |
| Plan For WLC prod., backtrack | | |
| Wk 4 | Date 10/2/12 | Assessment, CBC, CMP <input type="checkbox"/> See Chart Notes |
| Subjective None for E. RUC all | | |
| Objective dist E, SKM, RUC rem | | |
| Assessment HCV to wk 4 | | |
| Plan For WLC to follow Tg | | |

*Order CBC, CMP, assessments every 2 weeks for 4 weeks.

Genotype 1 or 4 48 weeks
Genotype 2 or 3 24 weeks

Monitoring: (see reverse)

LAB: CBC and CMP weekly for 4 weeks then monthly if stable. Best to get lab 24 hours before dosing Interferon.

TSH: baseline, and at 12 wks
Viral load: baseline and at 12 weeks for Genotype 1 or 4

HCV RNA QUANT (Viral Load): Do at baseline and at 12 weeks for Genotypes 1 or 4. Repeat 6 mos. after treatment is complete for all.

ALT: If over 2 times baseline, consider Interferon induced autoimmune Hepatitis, consider stopping Interferon therapy.

Hgb:
>10 No intervention unless symptoms
8.5-9.9 Decrease Ribavirin by 200 mg per day or add EPO
<8.5 Hold Ribavirin and/or add EPO

ANC:
>500 No intervention unless symptoms
250-500 Consider Interferon Reduction or add Neupogen
<250 Should hold Interferon and/or add Neupogen (see "Viral Eradication Therapy Guidelines")

Platelets:
>50k No intervention
25-50K Interferon reduction
<25K Hold interferon until >50K, then resume at 50% dose

Directed Physical Exam: Do a directed physical exam at each visit. Respiratory problems somewhat common with Interferon. Consider Chest X-ray.

Mental Health: Evaluate for depression, aggression, drug abuse at each visit and consult CTS prn.

Name LARIOS-MARTINEZ, MOISES
SID#14201155

LAR-MAR-PLT- 019

44

Hepatitis C Viral Eradication Treatment Monitoring

Genotype 1 or 4 48 weeks
Genotype 2 or 3 24 weeks

| | | |
|--|---------------|---|
| Wk 6 | Date | Assessment, CBC, CMP |
| Subjective | | |
| Objective | | |
| Assessment | | |
| Plan | | |
| Wk 8 | Date 12/11/12 | Assessment, CBC, CMP <input type="checkbox"/> See Chart Notes |
| Subjective <i>Dr. M. 4/10/12 102 wks. A/GT 9/1. L AC pain + 1 chg -</i> | | |
| Objective <i>skin + hys @</i> | | |
| Assessment <i>HCV T.P. 4 wks BCL ✓ 11/7</i> | | |
| Plan <i>Continue HCV, still for priority. Fin 5 11/7. continue for and then i d. HCV, w/old platelets</i> | | |
| *Order HepC Quant Viral Load if Genotype 1 or 4 in 4 weeks. *Order TSH, CBC, CMP, evaluation in 4 weeks. | | |
| Wk 12 | Date 12/11/12 | Assessment, CBC, CMP, TSH Viral Load (QN) if Genotype 1 or 4 <input type="checkbox"/> See Chart Notes |
| Subjective <i>Barrow 76% wks. A/GWT</i> | | |
| Objective <i>not dcl + skin OK</i> | | |
| Assessment <i>?Neupogen gabapentin → Δ relatin. 4 wks + 4 follow.</i> | | |
| Plan If Genotype 1 or 4 <input type="checkbox"/> Continue or <input type="checkbox"/> Discontinue Ribavirin and Interferon. <i>Δ MARS, during Δ 2 Ann. follow CRY and follow loger on 125 Py E GVL, 7 17 gms 5 wks. continue neupogen</i> | | |
| * If continuing meds for Genotype 1 or 4, reorder meds for 36 additional weeks. * If continuing meds for Genotype 2 or 3, reorder meds for 12 additional weeks. * Order CBC, CMP, evaluation Every 4 weeks for 12 weeks if continuing treatment. | | |
| Wk 16 | Date 1/4/13 | Assessment, CBC, CMP <input type="checkbox"/> See Chart Notes |
| Subjective <i>Barrow well -</i> | | |
| Objective <i>all on</i> | | |
| Assessment <i>Trade 4,</i> | | |
| Plan <i>Continue CML</i> | | |

Monitoring: (see reverse)
LAB: CBC and CMP weekly 4 weeks then monthly if stable. Best to get lab 24 hours before dosing Interferon.

TSH: baseline, and at 12 wks
Viral load: baseline and at 12 weeks for Genotype 1 or 4

HCV RNA QUANT (Viral Load) Do at baseline and at 12 week Genotypes 1 or 4. Repeat 6 m after treatment is complete for

ALT: If over 2 times baseline consider Interferon induced autoimmune Hepatitis, consider stopping Interferon therapy.

Hgb:
>10 No intervention unless symptoms
8.5-9.9 Decrease Ribavirin 1 200 mg per day or add EPO
<8.5 Hold Ribavirin and add EPO

ANC:
>500 No intervention unless symptoms
250-500 Consider Interferon Reduction or add Neupogen
<250 Should hold Interferon and/or add Neupogen (see "Viral Eradication Therapy Guideline"

Platelets:
>50k No intervention
25-50K Interferon reduction
<25K Hold interferon until >50K, then resume at 50% d

Directed Physical Exam: Do a directed physical exam at each visit. Respiratory problem somewhat common with Interferon. Consider Chest X-r

Mental Health: Evaluate for depression, aggression, drug ab at each visit and consult CTS pr

Name _____
SID# _____

LAR-MAR-PLT- 016

Hepatitis C Viral Eradication Treatment Monitoring

| | | |
|--|--------------|---|
| Wk 20 | Date 1/27/13 | Assessment, CBC, CMP |
| Subjective Tenderness chest diff. | | |
| Objective ALT 403, P/L 403 Hb 10 Ani + dA f An + | | |
| Assessment HCV TAb 96 | | |
| Plan ↓ Peg 135 + ✓ Q2 for AUL. | | |
| Wk 24 | Date 2/20/13 | Assessment, CBC, CMP <input type="checkbox"/> See Chart Notes |
| Subjective Fatigue, depression | | |
| Objective ALT 0, ANU + 0 f 0 hntes | | |
| Assessment Anu 96 + ↓ platelets on 1/2 Peg dose | | |
| Plan ✓ Q2 wks i rem | | |
| <p>*If Genotype 2 or 3, stop Pegasys therapy. Recheck HCV Quant Viral Load in 6 mos. *Order CBC, CMP, evaluation Every 4 weeks for 24 weeks if Genotype 1 or 4.</p> | | |
| Wk 28 | Date | Assessment, CBC, CMP <input type="checkbox"/> See Chart Notes |
| Subjective | | |
| Objective | | |
| Assessment | | |
| Plan | | |
| Wk 32 | Date | Assessment, CBC, CMP <input type="checkbox"/> See Chart Notes |
| Subjective | | |
| Objective | | |
| Assessment | | |
| Plan | | |

Genotype 1 or 4 48 weeks
Genotype 2 or 3 24 weeks

Monitoring: (see reverse)
LAB: CBC and CMP weekly for 4 weeks then monthly if stable. Best to get lab 24 hours before dosing Interferon.

TSH: baseline, and at 12 wks
Viral load: baseline and at 12 weeks for Genotype 1 or 4

HCV RNA QUANT (Viral Load): Do at baseline and at 12 weeks for Genotypes 1 or 4. Repeat 6 mos. after treatment is complete for all.

ALT: If over 2 times baseline, consider Interferon induced autoimmune Hepatitis, consider stopping Interferon therapy.

Hgb:
>10 No intervention unless symptoms
8.5-9.9 Decrease Ribavirin by 200 mg per day or add EPO
<8.5 Hold Ribavirin and/or add EPO

ANC:
>500 No intervention unless symptoms
250-500 Consider Interferon Reduction or add Neupogen
<250 Should hold Interferon and/or add Neupogen (see "Viral Eradication Therapy Guidelines")

Platelets:
>50k No intervention
25-50K Interferon reduction
<25K Hold interferon until >50K, then resume at 50% dose

Directed Physical Exam:
Do a directed physical exam at each visit. Respiratory problems somewhat common with Interferon. Consider Chest X-ray

Mental Health: Evaluate for depression, aggression, drug abuse at each visit and consult CTS prn.

LARIOS-MARTINEZ, MOISES
14201155

LAR-MAR-PLT- 015

Oregon Department of Corrections
Hepatitis C Treatment Progress Notes

| DATE | WEEK # | |
|----------|--------------|--|
| 10/8/12 | 4 57 | S: SL. nausea ok. dely well. O: Affected ok, skin ok LL 7.7 APP: HCV Tx WO RVR - Program 140 In Spanish + start Wed. |
| 10/15/12 | 5 57 | S: Fatigue only 9.50 - 600ppm U: Skin + dely ok LL 7.7 APP: HCV Tx Day 5 BVR - Day with + follow |
| 12/5/12 | 9 | S: A lot nausea. N/A U: ANL 283 E on ok APP: HCV Tx - Day with - Runtz CART plus + PEG for ANL + PEG for H. PEG for |
| 2/6/13 | 22 Rev 17 | S: Fatigue and all well, Good App. All good O: Skin good APP: HCV Tx - Day with + follow |

LARIOS-MARTINEZ, MOISES
14201155

LAR-MAR-PLT- 136

Hepatitis C Monitoring

| | | | |
|--|--|--|--|
| DATE | 10-13-11 | 2-17-12 | |
| Subjective | | C/O LUE pain x 60 | |
| Exam | wt. 163# | 143/82 173# | |
| ALT/AST | 26/27 | 40/35 | |
| Other pertinent lab | plts 120,000 | plts 95,000 | |
| Possible Medical Contraindications or Barriers to Treatment with Ribavirin and Interferon (Check if Pertinent) | <input type="checkbox"/> Major Medical <input type="checkbox"/> Major Mental Health <input type="checkbox"/> Risk Behavior for Hepatitis <input type="checkbox"/> No Liver Enzyme Elevation <input type="checkbox"/> Time to Serve <input type="checkbox"/> Decompensated Cirrhosis <input type="checkbox"/> Aggressive Behavior <input type="checkbox"/> Non-compliance <input type="checkbox"/> Liver Biopsy Results <input type="checkbox"/> Other | <input type="checkbox"/> Major Medical <input type="checkbox"/> Major Mental Health <input type="checkbox"/> Risk Behavior for Hepatitis <input type="checkbox"/> No Liver Enzyme Elevation <input type="checkbox"/> Time to Serve <input type="checkbox"/> Decompensated Cirrhosis <input type="checkbox"/> Aggressive Behavior <input type="checkbox"/> Non-compliance <input type="checkbox"/> Liver Biopsy Results <input type="checkbox"/> Other | <input type="checkbox"/> Major Medical <input type="checkbox"/> Major Mental Health <input type="checkbox"/> Risk Behavior for Hepatitis <input type="checkbox"/> No Liver Enzyme Elevation <input type="checkbox"/> Time to Serve <input type="checkbox"/> Decompensated Cirrhosis <input type="checkbox"/> Aggressive Behavior <input type="checkbox"/> Non-compliance <input type="checkbox"/> Liver Biopsy Results <input type="checkbox"/> Other |
| <u>Comments</u> | Bx Oct 2010 2 5/2 1b | | |
| Interval Change | | ↓ platelets 1129 - 95 post 3 yrs. | |
| Assessment | | (no prior Report to T12) | |
| Plan | T. Buss | T. Buss | |

See reverse for "Medical Contraindications".

Refer to ODOC - Health Services "Medical Guidelines for Hepatitis C" details on ongoing monitoring of patients who are Hepatitis C positive.

 LARIOS-MARTINEZ, MOISES
 14201155

LAR-MAR-PLT- 135

50

Hepatitis C Evaluation Worksheet

Date

| | | | | | |
|---|--|---|--|------|--|
| SECTION 1 Initial Screening Information (Complete within 30 days) | | | | Date | |
| HCV antibody positive? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | 7/20/10 | | |
| Time left to serve greater than 12 months? 01/2014 | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | 7/20/10 | | |
| Hepatitis B surface antigen positive? (If yes, consider specialty consult/TLC.) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 07/20/10 | | |
| HIV positive? (If yes, consider specialty consult/TLC.) | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 07/20/10 | | |
| ALT Values Baseline Result <u>nl</u> Date <u>05/2010</u> | | | | | |
| Repeat six months Result _____ Date _____ | Repeat 12 months Result _____ Date _____ | | Repeat 18 months Result _____ Date _____ | | |
| If baseline ALT is abnormal and patient has 12-18 months to serve, obtain Hepatitis C Genotype. | | | | | |
| Genotype <u>1b</u> Date <u>07/10</u> | | | | | |
| If type 1 or 4, pt needs 18 months to serve, if type 2 or 3, 12 months is sufficient to complete treatment and follow-up. | | | | | |
| Is patient an appropriate candidate for further evaluation for possible treatment with Interferon and Ribavirin? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| <u>If yes, proceed to Sections 2, 3, and 4. If no, give reason.</u> | | | | | |
| <u>MM wants Tx</u> | | | | | |

Signature



Date

07/20/10

INSTRUCTIONS—General Principles

1. Refer to ODOC - Health Services "Medical Guidelines for Hepatitis C Evaluation and Treatment" for details on the evaluation of patients who are Hepatitis C antibody positive. The instructions that follow are intended as a general guide to using this form only.

2. If a patient's status regarding Hepatitis C has otherwise changed, initiate a new form.

3. Section 1—Based on patient's medical status and current ODOC - Health Services policy/protocol, decide if patient needs further evaluation for possible liver biopsy and treatment. If the patient has normal ALT or less than 12 months sentence to serve, patient generally would not proceed to liver biopsy. Patients who are Hepatitis C antibody positive and have normal liver enzymes can generally safely have ALT monitoring only, but they still should have an initial medical evaluation for the possible presence of liver cirrhosis.

5. Section 2, 3, and 4 should be completed concurrently, and usually within three months of the date at the top of the form. Avoid unnecessary delay in determining if the patient is an appropriate treatment candidate based on more complete medical information. There are absolute and relative contraindications to treatment with Interferon and Ribavirin. (See "Medical Guidelines for Hepatitis C Evaluation and Treatment".) History, examination, and laboratory evaluation should help to determine if these exist or not.

6. Section 5—Make a decision about the appropriateness of proceeding to liver biopsy and treatment for this patient based on current medical information. Generally you should be able to make this decision within four months of the date at the top of the form. If you are undecided because you need more information, you may defer biopsy, but always document your clinical decision making process if you are not proceeding to Section 6.

7. If, after completing sections 2, 3, 4, and 5, you consider your patient appropriate medically to proceed to liver biopsy, proceed to section 6. Bring all clinical information to TLC meetings for consideration by the committee.

8. If, after completing sections 2, 3, 4, and 5, there are medical or other contraindications already occurred, the patient should be followed clinically. Monitor patient at le **LARIOS-MARTINEZ, MOISES** SID#14201155
(See form "Hepatitis C Monitoring".) DOB [REDACTED]

LAR-MAR-PLT- 062

41)

| SECTION 2 Further Medical Evaluation | | | Date |
|--|---|--|----------|
| Directed History and Exam shows evidence of serious hepatic illness. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 08/10 |
| Evidence of decompensated liver disease or clinical evidence of cirrhosis, e.g., ascites, history of hepatic encephalopathy, history of esophageal varices, etc. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 08/10 |
| HIV/AIDS (HIV Ab positive)? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 09/10 |
| Hepatitis B surface antigen positive? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 07/10 |
| Major Medical Illness poorly controlled, e.g. Diabetes, ASCVD, Angina, COPD, Thyroid, Mental Health Issues, Cancer, Autoimmune Disorder, etc. Explain. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Lab Evaluation (Do CBC, Metabolic Profile, INR, TSH, ANA, HIV testing). Any significant Abnormalities? Explain. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | 07/10 |
| <p>all lab x pnts ↓ platelets 129 Protime is 1.0</p> | | | |
| SECTION 3 Mental Health Considerations | | | Date |
| Major mental illness poorly controlled? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 08/10 |
| Evidence or history of suicide ideation and/or suicide attempt? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| History of severe psychiatric disorder? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| CTS referral for evaluation indicated/ordered? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Recent aggressive behavior problems? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| SECTION 4 Other Concerns | | | Date |
| Evidence of concerns with risk behaviors? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 08/10 |
| Evidence of non-compliance with treatment or evaluations? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| Patient refused to sign contract? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Specialty Consult Needed? Explain. If obtained, note results. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| <p>HepC booklet given IM says he has a friend who can translate it for him (F/a one week)</p> | | | 08/10 |
| SECTION 5 Clinical Decision making (Complete within 120 days) | | | Date |
| Is patient an appropriate candidate for possible liver biopsy and treatment with Interferon and Ribavirin? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| (If YES, proceed to Section 6—Biopsy and Treatment) | | | |
| If patient is not an appropriate candidate at this time for liver biopsy and treatment, give reason: | | | |
| Proceed to Hepatitis C Monitoring | | | |
| SECTION 6 Biopsy and Treatment | | | Date |
| Liver biopsy approved? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Liver biopsy results (Obtain results within 180 days) | | | |
| Grade 2.3 | Stage 2 | | 10/12/10 |
| Genotype Results 1b | (If not already done) | | |
| Liver biopsy results to TLC | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | 10/13/10 |
| Treatment with Ribavirin and Interferon approved by TLC? If yes, proceed to treatment. See "Treatment Monitoring" Form | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 10/13/10 |
| If no, proceed to "Hepatitis C Monitoring" | | | |
| HCV RNA results (Viral Load—Quantitative) | | | |
| (Complete before starting treatment if Genotype 1 or 4) | | | |

LARIOS-MARTINEZ, MOISES
14201155

LAR-MAR-PLT- 053

Hep B VIS 7'2001 SCREEN QUESTIONS BEFORE SHOTS ARE GIVEN
 Hep A VIS 8'2004 Check (✓) Yes or No

| The questions below will help us decide which vaccines may be given today. If you need help with these questions, please ask the clinic staff to help you. | Person getting Shots | | Dose |
|--|----------------------|----|------|
| | YES | NO | |
| 1. Is the client sick today? | | | |
| 2. Has the client had a bad reaction to a vaccine in the past? | | | |
| 3. Has the client had a seizure or a brain problem? | | | |
| 4. Does the client have cancer, leukemia, AIDS or other immune system problems? | | | |
| 5. Has the client taken cortisone, prednisone or other steroids, anticancer drugs, or had x-ray treatment in the past 3 months? | | | |
| 6. Has the client received any blood or blood products, or been given a medicine called immune (gamma) globulin in the past year? | | | |
| 7. Is the client pregnant or is there a chance she could become pregnant within the next month? | | | |
| 8. Has the client received any vaccines in the past 4 weeks? | | | |
| 9. Does the client have allergies to medicines, foods, latex or vaccines? | | | |
| 10. Has the client had a fainting episode with injections in the past? | | | |

Date 7-2-10 PCN/RGSH YES ←

| Hep A VIS <u>8'2004</u> Hep B VIS <u>7'2001</u> | | Person getting Shots | | Dose # |
|--|--|----------------------|----|--------|
| The questions below will help us decide which vaccines may be given today. If you need help with these questions, please ask the clinic staff to help you. | | YES | NO | |
| 1. Is the client sick today? | | | | |
| 2. Has the client had a bad reaction to a vaccine in the past? | | | | |
| 3. Has the client had a seizure or a brain problem? | | | | |
| 4. Does the client have cancer, leukemia, AIDS or other immune system problems? | | | | |
| 5. Has the client taken cortisone, prednisone or other steroids, anticancer drugs, or had x-ray treatment in the past 3 months? | | | | |
| 6. Has the client received any blood or blood products, or been given a medicine called immune (gamma) globulin in the past year? | | | | |
| 7. Is the client pregnant or is there a chance she could become pregnant within the next month? | | | | |
| 8. Has the client received any vaccines in the past 4 weeks? | | | | |
| 9. Does the client have allergies to medicines, foods, latex or vaccines? | | | | |
| 10. Has the client had a fainting episode with injections in the past? | | | | |

Date 10/19/10

| Hep A VIS <u>8'2004</u> Hep B VIS <u>7'2001</u> | | Person getting Shots | | Dose |
|--|--|----------------------|----|------|
| The questions below will help us decide which vaccines may be given today. If you need help with these questions, please ask the clinic staff to help you. | | YES | NO | |
| 1. Is the client sick today? | | | | |
| 2. Has the client had a bad reaction to a vaccine in the past? | | | | |
| 3. Has the client had a seizure or a brain problem? | | | | |
| 4. Does the client have cancer, leukemia, AIDS or other immune system problems? | | | | |
| 5. Has the client taken cortisone, prednisone or other steroids, anticancer drugs, or had x-ray treatment in the past 3 months? | | | | |
| 6. Has the client received any blood or blood products, or been given a medicine called immune (gamma) globulin in the past year? | | | | |
| 7. Is the client pregnant or is there a chance she could become pregnant within the next month? | | | | |
| 8. Has the client received any vaccines in the past 4 weeks? | | | | |
| 9. Does the client have allergies to medicines, foods, latex or vaccines? | | | | |

Date 4/7/11

LARIOS-MARTINEZ, MOISES

LAR-MAR-PLT- 180

8

Oregon Department of Corrections
Health Services Section
Non Formulary Medication Exception Request

Please fill out all entries. Incomplete forms will not be processed. This order form must be filled out and signed by the Practitioner and Designated Reviewer at each Institution. The request is valid for the duration of the order.

| | |
|--|-----------------------|
| Medication: <i>boceprevir (if virus present @ wk 4), interferon, ribavirin</i> | |
| Dx for which med is required: <i>HepC Tx</i> | |
| Reasons Formulary Medication not used: | |
| | |
| Provider Signature: <i>VJB for Dr. Gulick</i> | Date: <i>08/29/12</i> |
| URGENT NEED: <input type="checkbox"/> < 24 hrs <input checked="" type="checkbox"/> < 7 days | |
| Comments: | |
| | |
| | |
| | |
| Reviewer Signature: | Date: |
| To Med Review Committee: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no | |
| Medication Review Committee Comments: | |
| | |
| | |
| | |
| Approved: <input checked="" type="checkbox"/> yes For <i>One</i> month <input type="checkbox"/> no | |
| Signatures: <i>Dr. Shelton by phone</i> | Date: <i>08-29-12</i> |
| | |
| | |

LARIOS-MARTINEZ, MOISES
14201155
[Redacted]

LAR-MAR-PLT- 020

(34)

Oregon Department Of Corrections
Health Services Division

Non Formulary Medication Exception Request

Please fill out all entries. Incomplete forms will not be processed.

This order form must be filled out and signed by the Practitioner & Designated Reviewer at Each Institution. The request is valid for the duration of the order.

| | |
|---|----------------------|
| INSTITUTION: <u>SACI</u> | |
| Medication: <u>Vit C</u> | |
| Dx for which med is requested: <u>Fe defic. anemia</u> | |
| Reasons Formulary Medication not used: <u>None</u> | |
| | |
| Provider Signature: <u>T. Brusto</u> | Date: <u>3-30-11</u> |
| URGENT NEED: <input type="checkbox"/> <24hrs <input type="checkbox"/> <7 days | |
| Comments: | |
| | |
| | |
| | |
| Reviewer Signature: | Date: |
| To Med Review Committee: <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Would you like to see this added to the formulary? <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Medication Review Committee Comments: | |
| <u>Approved but get colonoscopy too</u> | |
| | |
| | |
| Approved: <input checked="" type="checkbox"/> yes For <u>6</u> months <input type="checkbox"/> no | |
| Signatures: <u>TJB</u> <u>[Signature]</u> | Date: <u>3/30/11</u> |

| |
|-------------------------------|
| Inmate Name |
| <u>Larios-Martinez, Maria</u> |
| Sid # |
| <u>1420155</u> |

LAR-MAR-PLT- 046

114

OREGON DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

NAME: Larios-Martinez, DATE & TIME _____ INST. _____ DNS ☐
 # 14201155 Moise

ALLERGIES: P.C.N

SEND DUPLICATE TO PHARMACY

NAME: Larios-Martinez, DATE & TIME _____ INST. _____ DNS ☐
 # 14201155 Moise

ALLERGIES: P.C.N

SEND DUPLICATE TO PHARMACY

NAME: Larios-Martinez, DATE & TIME 2/13/13 INST. _____ DNS ☐
 # 14201155 Moise

LARIOS-MARTINEZ, MOISE SID: 14201155
 PEGASYS PFS- 180MCG/0.5ML INJ () @
 INJECT 90MCG SUBCUTANEOUSLY
 EVERY WEEK - CONTROL BY STAFF
 START: 02/13/13 STOP: 07/31/13

LARIOS-MARTINEZ, MOISE SID: 14201155
 PEGASYS PFS- 180MCG/0.5ML INJ () @
 DC'ED MED - 529614-0
 START: 01/23/13 DC Date: 02/13/2013

ALLERGIES: P.C.N

SEND DUPLICATE TO PHARMACY

NAME: Larios-Martinez DATE & TIME 2/16/13 INST. _____ DNS ☐
 # 14201155 Moise

ALLERGIES: P.C.N

SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours.

LAR-MAR-PLT- 120

116

OREGON DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

NAME: Larios-Martinez, Moises DATE & TIME 2/5/13 INST. SR4 DNS ☐
14201155

Noted 2/18/13 Lib. 4th day am + Q2 wks to (1701)
2/12/30 T. Cheng RN to 8/12/13

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Larios-Martinez, Moises DATE & TIME 1/22/13 INST. SR4 DNS ☐
14201155

LARIOS-MARTINEZ, MOISES SID: 14201155
PEGASYS PFS- 180MCG/0.5ML INJ I @
DC'ED MED - 519142-1
START: 12/06/12 DC Date: 01/23/2013

174 Q2 wks to 8/12/13

LARIOS-MARTINEZ, MOISES SID: 14201155
PEGASYS PFS- 180MCG/0.5ML INJ I @
135MCG EVERY WEEK - CONTROL BY
STAFF
START: 01/23/13 STOP: 07/31/13

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Larios-Martinez, Moises DATE & TIME 1/18/13 INST. SR4 DNS ☐
14201155

Draw platelet count 1 CBC
Monday - V.O Dr Galick / Rush
1/18/13

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Larios-Martinez, Moises DATE & TIME 01-11-13 0816 INST. SR4 DNS ☐
14201155

SR4 Jan 23 (week 24 of Tx) c Dr Galick +
7701 disson Jan 18
3 cps - oral
omep

LARIOS-MARTINEZ, MOISES SID: 14201155
OMEPRAZOLE-- 20MG CAP (PRILOSEC) @
TAKE 1 CAPSULE ORALLY ONCE DAILY
- OK IN CELL
START: 01/11/13 STOP: 01/11/14

LARIOS-MARTINEZ, MOISES SID: 14201155
BISMUTH TABS-(PEPTO BISMAL) 262MG TAB
TAKE 2 TABLETS ORALLY (524MG) BY
MOUTH 4 TIMES DAILY - OK IN CELL
START: 01/11/13 STOP: 01/11/14

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

LARIOS-MARTINEZ, MOISES SID: 14201155
WHITE PETROLATUM- (=VASELINE) 49GM (1)
APPLY TO AFFECTED AREA(S) ONCE
DAILY - OK IN CELL
START: 01/11/13 STOP: 07/10/13

All orders for schedule II and III medication will be automatically stopped in 14 hours.

LAR-MAR-PLT- 122

119

OREGON DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

NAME: Larios-Martinez DATE & TIME 12/20/12 INST. _____ DNS ☐
 # 14201155 Moises
CPR - 1
 LARIOS-MARTINEZ, MOISES SID: 14201155 LARIOS-MARTINEZ, MOISES SID: 14201155
 BISMUTH TABS~(PEPTO BISMAL) 262MG TAB DOXYCYCLINE~ HYC 100MG TAB (VIBRATA)
 TAKE 2 TABLETS ORALLY (524MG) BY MOUTH 4 TIMES DAILY - OK IN CELL
 TAKE 1 TABLET ORALLY TWICE DAILY
 START: 12/20/12 STOP: 12/30/12 START: 12/20/12 STOP: 12/30/12

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Larios-Martinez DATE & TIME 12/20/12 INST. _____ DNS ☐
 # 14201155 Moises
CPR - 1
 LARIOS-MARTINEZ, MOISES SID: 14201155 LARIOS-MARTINEZ, MOISES SID: 14201155
 METRONIDAZOLE~ (GEN FLAGYL) 500 MG T CLARITHROMYCIN~ (GEN BIAXIN) 500MG T
 TAKE 1 TABLET ORALLY TWICE DAILY - OK IN CELL
 TAKE 1 TABLET ORALLY BY MOUTH
 START: 12/20/12 STOP: 12/30/12 START: 12/20/12 STOP: 12/30/12

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Larios-Martinez DATE & TIME 12/21/12 INST. SPCL DNS ☐
 # 14201155 Moise
CPR - 1
 LARIOS-MARTINEZ, MOISES SID: 14201155 LARIOS-MARTINEZ, MOISES SID: 14201155
 OMEPRAZOLE~ (GEN PRILOSEC) 40MG CAP
 TAKE 1 CAPSULE ORALLY ONCE DAILY
 START: 12/13/12 STOP: 12/13/13
 LARIOS-MARTINEZ, MOISES SID: 14201155 LARIOS-MARTINEZ, MOISES SID: 14201155
 NABUMETONE~ (GEN RELAFEN) 750MG TAB
 TAKE 1 TABLET ORALLY BY MOUTH
 TWICE DAILY - OK IN CELL
 START: 12/13/12 STOP: 12/13/13
 LARIOS-MARTINEZ, MOISES SID: 14201155 LARIOS-MARTINEZ, MOISES SID: 14201155
 DC'ED MED - 481957-3 DC'ED MED - 504897-1
 START: 06/08/12 DC Date: 12/13/2012 START: 09/26/12 DC Date: 12/13/2012

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Larios-Martinez DATE & TIME 12/21/12 INST. _____ DNS ☐
 # 14201155 Moise
CPR - 1
 LARIOS-MARTINEZ, MOISES SID: 14201155 LARIOS-MARTINEZ, MOISES SID: 14201155
 PEGASYS PFS~ 180MCG/0.5ML INJ @ 135MCG SUBCUTANEOUSLY EVERY WEEK - CONTROL BY STAFF
 TAKE 1 TABLET ORALLY BY MOUTH
 TWICE DAILY - OK IN CELL
 START: 12/05/12 STOP: 03/27/13
 LARIOS-MARTINEZ, MOISES SID: 14201155 LARIOS-MARTINEZ, MOISES SID: 14201155
 DC'ED MED - 515836-0
 START: 11/15/12 DC Date: 12/05/2012

ALLERGIES: PCN

All orders for schedule II and

START: 12/06/12

STOP: 12/06/13

atically stopped in 72 hours.

LAR-MAR-PLT- 125

120

OREGON DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

NAME: Larios-Martinez M DATE & TIME 11/16/12 INST. 1006 DNS ☐

14201155 1747 4/4 WKS 8/12/13 + WKS

E. 2 13A 4/4 to 8/12/13

| | | |
|--|---|---|
| LARIOS-MARTINEZ, MOISES SID: 14201155 | LARIOS-MARTINEZ, MOISES SID: 14201155 | LARIOS-MARTINEZ, MOISES SID: 14201155 |
| RIBAVIRIN~(GEN COPEGUS) 200MG TAB (CC) | VICTRELIS (BOCEPREVIR) (28X12) 200MG CA | PEGASYS PFS~ 180MCG/0.5ML INJ (1) @ |
| TAKE 3 TABLETS ORALLY (800MG) BY MOUTH | TAKE 4 CAPSULES ORALLY (800MG) BY | INJECT 180MCG SUBCUTANEOUSLY EVERY WEEK |
| TWICE DAILY STARTING 9/5/12 - CONTROL BY | MOUTH Q8 HOURS - CONTROL BY STAFF | STARTING 9/5/12 - CONTROL BY STAFF |
| STAFF | | |
| START: 11/16/12 STOP: 08/07/13 | START: 11/16/12 STOP: 05/22/13 | START: 11/16/12 STOP: 07/31/13 |

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Larios-Martinez M DATE & TIME 10/11/12 INST. 1006 DNS ☐

14201155

NOTED
10/3/12
12/5

CR2 = 11/7 1-6

LARIOS-MARTINEZ, MOISES SID: 14201155
WHITE PETROLATUM~ (=VASELINE) 40GM (1)
APPLY TO AFFECTED AREA(S) ONCE
DAILY - OK IN CELL
START: 10/31/12 STOP: 11/30/12

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Larios-Martinez M DATE & TIME 10/17/12 INST. 8461 DNS ☐

14201155

CR2 daily 9mg

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Larios-Martinez M DATE & TIME 10/18/12 INST. 716 DNS ☐

14201155 HCV Quant on 11/7/12

10/18/12
12/5

Phu next will 10/15/12

LARIOS-MARTINEZ, MOISES SID: 14201155
VICTRELIS (BOCEPREVIR) (28X12) 200MG CA
TAKE 4 TABLETS 800MG BY MOUTH Q8
HOURS - CONTROL BY STAFF
START: 10/10/12 STOP: 03/27/13

LARIOS-MARTINEZ, MOISES SID: 14201155
PEGASYS PFS~ 180MCG/0.5ML INJ (1) @
INJECT 180MCG SUBCUTANEOUSLY EVERY WEEK
STARTING 9/5/12 - CONTROL BY STAFF
START: 10/08/12 STOP: 03/20/13

LARIOS-MARTINEZ, MOISES SID: 14201155
RIBAVIRIN~(GEN COPEGUS) 200MG TAB (CC)
TAKE 3 TABLETS ORALLY (800MG) BY MOUTH
TWICE DAILY STARTING 9/5/12 - CONTROL BY
STAFF
START: 10/08/12 STOP: 03/27/13

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours.

LAR-MAR-PLT- 126

OREGON DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

| | | | |
|------------------------|-------------|-------|------------------------------|
| NAME: Carlos-Martinez, | DATE & TIME | INST. | DNS <input type="checkbox"/> |
| # 14201155 | Moses | | |

LARIOS-MARTINEZ, MOISE SID: 14201166
CALCIUM 000MG/IT D 400IU~ TAB (OSCA)
TAKE 1 TABLET ORALLY 3 TIMES
DAILY - OK IN CELL
START: 08/30/12 STOP: 03/20/13

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

| NAME: | DATE & TIME | LARIOS-MARTINEZ, MOISE | INST. | DNS |
|---|---------------|--|---------------|-----|
| # 14201155 | moises | TRAMCINOLONE^ACET. 0.1% (80 GM) CRM APPLY TOPICALLY TO AFFECTED AREA(S) TWICE DAILY - OK IN CELL | SID: 14201168 | |
| - LARIOS-MARTINEZ, MOISE RIBAVIRIN^ 200MG TAB () @ "TAKE 3 TABLETS QID" | SID: 14201155 | LARIOS-MARTINEZ, MOISE PEGASYS PFS- 180MCG/0.5ML INJ () @ | SID: 14201165 | |

RIBAVIRIN 200MG TAB () @
-TAKE 3 TABLETS ORALLY BY MOUTH TWICE DAILY
STARTING 9/5/12 - CONTROL BY STAFF
START: 08/30/12
STOP: 03/20/13

LARIOS-MARTINEZ, MOISE SID: 142011
PEGASYS PFS~ 180MCG/0.5ML INJ () @
180MCG SUBCUTANEOUSLY EVERY WEEK
STARTING 9/5/12 - CONTROL BY STAFF
START: 08/30/12 STOP: 03/13/13

LARIOS-MARTINEZ, MOISE SID: 1420166
 CETIRIZINE (GEN ZYRTEC) 10MG TAB (ZYR
 TAKE 1 TABLET ORALLY ONCE DAILY -
 OK IN CELL
 START: 08/30/12 STOP: 03/02/13

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Larros - Martinez DATE & TIME 8/20/12 O&H INST. TRG DNS ☐
14201155 Moises see ATT

HCV Y₂ study 9/5/12 Cpr 08
starting 9/10/12 weekly 1701 04 then 124 wks to 3/25/15
TSA wks 12 + 24
DA 10/1/12 126 odd HCV cement

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Larios-Martinez DATE & TIME 8/29/12 INST JA DNS ☐
14201155 truss

CR Form 100-574 Rev 76

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours.

LAR-MAR-PLT- 128

OREGON DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

NAME: Santos-Martinez, Moises DATE & TIME 8/27/12 1299 INST. PCN DNS ☐
 # 14201155

Pharmacy for POC program DUE
 PC for Hx (only times signed)

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Santos-Martinez, Moises DATE & TIME 8-27-12 0600 INST. SAC1 DNS ☐
 # 14201155

Renew lower back x/yr

T. Bueh

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Santos-Martinez, Moises DATE & TIME 8-2-12 0715 INST. SAC1 DNS ☐
 # 14201155

Refill on 2 wks re. rash + back 8/4

2 spine! 2. side pain x 9 mos 8/3

T. Bueh

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Santos-Martinez, Moises DATE & TIME 8-1-12 INST. DNS ☐
 # 14201155

160X Cephalexin cream apply b.i.d. per x/yr

Pre-empt Dr. Glick re start Top C to 8/27/12

Refill from owner

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours.

LAR-MAR-PLT- 129

OREGON DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

NAME: Carlos Martinez DATE & TIME 6-13-12 12:15 INST. Sec 1 DNS ☐
 # 1420155 moises

4/15/12
 4/15/12
 8/24/12

App't Dr. Guevara Hep C treatment

T. Bueh 4/15/12

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Carlos Martinez DATE & TIME 6-7-12 0645 INST. Sec 1 DNS ☐
 # 1420155 moises

dic Naltrex.

Naproxen 500mg bid qm x 1yr

T. Bueh

6/7/12
 10/10/12
 10/10/12

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Carlos Martinez DATE & TIME 6-5-12 0930 INST. Sec 1 DNS ☐
 # 1420155 moises

TLC re Hep C treatment

T. Bueh

6/5/12
 6/5/12
 11/00

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Carlos Martinez DATE & TIME 5/22 INST. DNS ☐
 # 1420155 moises

5/22/12
 5/22/12
 5/22/12
 5/22/12

T. Bueh 5/22/12

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours.

LAR-MAR-PLT- 130

(16)

OREGON DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

NAME: Larios-Martinez, DATE & TIME 5/7/12 1200 INST. DNS ☐

#14201155 Moises

pro. procedure orders for liver Bx. Phalloides
Mpa. after M.W. prior to procedure
Jals LOS, PT, PTT.
Hold Blood Admins x 2 days
prior to procedure

ALLERGIES: PCW

SEND DUPLICATE TO PHARMACY

NAME: Larios-Martinez, DATE & TIME 04/25/12 1505 INST. SRE DNS ☐

#14201155 Moises

TLC approved liver bx

ALLERGIES: PCW

SEND DUPLICATE TO PHARMACY

NAME: Larios-Martinez, DATE & TIME 04-19-12 1155 INST. SRE DNS ☐

#14201155 Moises

To TLC next week for Hep C TX

ALLERGIES: PCW

SEND DUPLICATE TO PHARMACY

NAME: Larios-Martinez, DATE & TIME 3-30-12 1430 INST. SRE DNS ☐

#14201155 Moises

Not triptyl/ine 25mg HS x 2 weeks, then
50mg HS x 3 mos.
Return 2 mos. re. shoulder pain. P-5-30-12
O/C string

ALLERGIES: PCW

SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours.

LAR-MAR-PLT- 028

126

OREGON DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

NAME: Larios, Martinez, Moises DATE & TIME 3-16-12 0930 INST. SR01 DNS ☐# K1201155

3/2/12 Recheck vit B6 + fibrosure

3/2/12 Consult Dr. E/B Shoulder pain

T. Broad

3/16/12

0730

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Larios, Martinez, Moises DATE & TIME 3-2-12 0700 INST. SR01 DNS ☐# K1201155

IV XR rt. Shoulder + chest

Dr. Adel Lab on 3/6: CAP, BPR, Vit B6, Vit B12

Return - 2 weeks

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Larios, Martinez, Moises DATE & TIME 2-28-12 INST. SR01 DNS ☐# K1201155

3/6/12 Fibrosure blood test

3/6/12

T. Broad

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Larios, Martinez, Moises DATE & TIME 2-17-12 1345 INST. SR01 DNS ☐# K1201155

App't Next Thurs/Frid. AM for Numbness

TLC re. Nap C

T. Broad

Noted 3/16/12

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours.

CD 407H (2/05)

LAR-MAR-PLT- 132

164

OREGON DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

NAME: Larios-Martinez, Moises DATE & TIME 2-15-11 1600 INST. SRC1 DNS ☐
 # 14201155 CBC + ferritin 1 month 3/16/11

XR lumbar spine - pain x 4 mos. - anemia

FeSO₄ q.i.d. daily x 6 mos

ITAC 0.1% x 1 yr

Return ~ 1 wch after labo 3/24/11

ALLERGIES: pen

SEND DUPLICATE TO PHARMACY

NAME: Larios-Martinez, Moises DATE & TIME 1-26-11 0745 INST. SRC1 DNS ☐
 # 14201155 fasting or non-fasting lab: 1701, ESR, TSH, INR, ferritin, relic count, B₆ + B₁₂ levels

App't 1-2 wks after lab draw to discuss results

Sched 2/15/11 0730

ALLERGIES: pen

SEND DUPLICATE TO PHARMACY

NAME: Larios-Martinez, Moises DATE & TIME 12-23-10 1155 INST. SRC1 DNS ☐
 # 14201155 CBC 1 month

ALLERGIES: pen

SEND DUPLICATE TO PHARMACY

NAME: Larios-Martinez, Moises DATE & TIME 11/10/10 1150 INST. SRC1 DNS ☐
 # 14201155 CBC in 6 wks

ALLERGIES:

SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours.

LAR-MAR-PLT- 170

40

OREGON DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

NAME: Laridas-Martinez DATE & TIME 10-13-10 1023 INST. SRG DNS ☐
14201155 moises

Dep's Maint. SNR Oct 2011 c fasting 1701 2 wks before

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Laridas-Martinez, Moises DATE & TIME 10-12-10 Noon INST. SRG DNS ☐
14201155

To TLC TOMORROW to report liver bx results

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Laridas-Martinez, Moises DATE & TIME 10/08/10 1600 INST. SRG DNS ☐
14201155

Discontinue D/C isonigil - it is causing decreased WBC's,
RBC's & platelets

3) CBC in 4 weeks
Notify TB nurse of this

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Laridas-Martinez, Moises DATE & TIME 9/6/10 0915 INST. SRG DNS ☐
14201155

pre-op orders for Liver Bx
NPO after M.W. prior to procedure
CBC, PT, PTT, INR
Hold Blood Thinners 7-10 days prior
to procedure

Switched to 1 or 2 Elidel / Blebsone

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours.

LAR-MAR-PLT- 052

(49)

OREGON DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

NAME: LARIOS-MARTINEZ, DATE & TIME 08/30/10 1210 INST. SRCJ DNS ☐
14201155 MOISES

ANA blood test 9/8/10 0800

Noted 8/30/10
place 1230

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: LARIOS-MARTINEZ, DATE & TIME 8/24/10 1350 INST. SRCJ DNS ☐
14201155 MOISES

Noted 8/24/10 1350

1701 growth, w/ TB tx completed
per protocol / Dr B. H. D. / Rhodefield R.

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: LARIOS-MARTINEZ, DATE & TIME 08/11/10 1555 INST. SRCJ DNS ☐
14201155 MOISES

TLC approves liver bx

Noted 8/11/10 1630

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: LARIOS-MARTINEZ, DATE & TIME 08/05/10 1055 INST. SRCJ DNS ☐
14201155 MOISES

To TLC for liver biopsy next Wed

Noted 8/5/10 1200

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours.

LAR-MAR-PLT- 061

194

OREGON DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

NAME: Larios-Martinez, Moises DATE & TIME 07/12/10 1205 INST. SRG DNS ☐
14201155

① Appt SNR Hep C eval - hepat = Hep C genotype, HIV, ANA,
INR TSH HgbA1c 2 wks before

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Larios-Martinez, Moises DATE & TIME 7/9/10 1540 INST. SRC DNS ☐
14201155

Per protocol

Facial X-ray at nose & forehead

Dr. Elliott - Blakeslee / H. Ruckel

Noted H. Ruckel R 7/9/10 1540

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Larios-Martinez, Moises DATE & TIME 7/2/10 0900 INST. SRC DNS ☐
14201155

No Twenny Series

Protocols / Dr. Guelick / L. Hansen

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: LARIOS-MARTINEZ, MOISES DATE & TIME 6/29/10 1435 INST. SRC DNS ☐
14201155

Noted 6/29/10 Per Protocol

① Salt rinses to nose 2. IBuprofen 2 TABS QID

③ Hot compresses to nose
Dr. E. Blakeslee / H. Jamieson RN

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours.

LAR-MAR-PLT- 200

193

OREGON DEPARTMENT OF CORRECTIONS

PHYSICIAN'S ORDERS

NAME: Laarios, Martinez, DATE & TIME 06-22-10 Noon INST. SRG DNS ☐
14201155 Moises

Noted 6/22/10
Hep A, B, & C blood screen 6/24/10

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Laarios-Martinez, DATE & TIME 6/1/10 1100 INST. SRG DNS ☐
14201155 Moises

Noted 6/1/10 1100
HIV testing already completed
INH 900mg po q2 x wk
Vit B6 50mg po q2 x wk
Per protocol / Dr Elliott / K Rosenfeld R
x 52 doses / 9mo

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Laarios-Martinez, DATE & TIME 05/19/10 1110 INST. SRG DNS ☐
14201155 Moises

Noted 5/19/10
CBC in one month (mid-June)
6/21/10

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

NAME: Laarios-Martinez, DATE & TIME 5/11/10 2300 INST. SRG DNS ☐
14201155 Moises

Noted 5/11/10
1) HIV blood work 5/13/10
2) chest x-ray 5/13/10
3) IZOT 5/13/10
TA Protocol Dr. Elliott - 3/13/10 / Dr. Rosenfeld R

ALLERGIES: PCN

SEND DUPLICATE TO PHARMACY

All orders for schedule II and III medication will be automatically stopped in 72 hours.

CD 497H (2/95)

LAR-MAR-PLT- 199

Oregon Department of Corrections

Progress Notes

DATE TIME PROB.#

| | | | |
|---------|------|-----|---|
| | | | SRC-8378 |
| 2-24-12 | 0700 | | NAME <u>Labs drawn @ AC & issue</u> — <u>EK</u> |
| 11-13 | 0825 | CM | S: Pt wants some meds refilled O: Out 1 bi-month x vaseline A: " " " " " " P: Revider both — f/u Dr Hubick Jan 23 Hep @ c Lab before |
| 11/13 | | | SRC-1500 9/4/13 NAME <u>Labs drawn @ AC 1st At — <u>W</u></u> |
| 11/13 | 1030 | | TUR called platelet count 45. Dr Gulick notified. To Redias Monday. Orders noted — <u>W</u> |
| | | | SRC-8588 NAME <u>1701, TSH, Platelet count. @ AC x</u> <u>attempt 2 Lav. 1st 1411. <u>W</u></u> |
| 11/13 | 0800 | Lab | Blood for labs drawn from @ AC on 1 st attempt — <u>W</u> |
| | | | SRC-1838 NAME |
| 11/13 | 1400 | | Rec'd phone call from Interpesh Lab to report Critical Lab Value verbally Platelet Count = 45. Informal Dr. Goulde who asked about the lab run a manual Platelet Count. Will fax results to SRC |
| 11/13 | 0950 | Lab | Blood for labs drawn from @ AC on 1 st attempt — <u>W</u> |
| | | | SRC-9554 NAME |

NAME PLN
lergy _____

LARIOS-MARTINEZ, MOISES
14201155
[Redacted]

CU-112-07

127

Oregon Department of Corrections

Progress Notes

| DATE | TIME | PROB.# | |
|----------|--------|--------|---|
| 10/1/12 | 0900 | LAV | LAPS F1701 HCV RNA Quant Brown L+AC on 2nd Attempt SRC-8595 T. Boud |
| 0-5-12 | 1n | 1235 | THU + NAME are NOW clear |
| | 1087/1 | p57 | |
| | 1707 | | flu is 2 Dr. Gurtich re. Hep C |
| 10/8/12 | 1520 | 90-1 | S) Pt here to recheck bilat ears O) A# 03. Bilat ears within normal limits. No infection noted. A) Health maintenance. P) No txmt. sign up for 5 p.m. T. Boud |
| 10/9/12 | 1215 | CM | Pt. was explained about his new med. boceprevir. He was told the medline times & place. He understood the instructions & had no questions. T. Boud |
| 10/10/12 | 1030 | CM | Soaked / trimmed toenails — Williams, R. SRC-8380 |
| 10/29/12 | 0930 | | Sub draw (2) AC 1st AC — NAME SRC-9066 |
| 1-7-12 | 0820 | LAV | HCV RNA Quant, 1 SST (2) AC x 1 attempt SRC-8591 NAME |
| | | | Sub draw (2) AC 1st AC — NAME |
| 11/30/12 | 1450 | HUC1 | No show for scheduled s/c — K. Zeng |
| 12-10-12 | 0710 | LAB | SRC-468 CBC 1 LAV (1) AC x 1 attempt |
| 2-12-12 | 1030 | LAB | SRC-1142 A tolerated well. — J. Boud LAPS F1701 1 LAV, 1 SST, (1) AC x 1 attempt |
| 12/20/12 | | | Adm'd to 2 Dr. Boud / Gurtich / Floryl & allergy Pw + Gurtich / T. Boud |
| Allergy | PCW | | LARIOS-MARTINEZ, MOISES 14201155 |

CD 49514 (12-0)

LAR-MAR-PLT- 133

80

Oregon Department of Corrections

Progress Notes

DATE TIME PROB.#

| | | | |
|---------|--------|-----|--|
| 6/5/12 | 0900 | CM | T. Bristol MD f/u Shoulder pain |
| | 119/78 | | Shoulder not discomforted - 1 in by → |
| | 172 | | Stg 3 Rep C. He understands that there are |
| | | | sig. risks to treatment such as depression, achy + |
| | | | feeling ill, but that not treating would |
| | | | likely result in arthritis + death from liver |
| | | | failure. |
| | | | TO TLC u tx T. Bristol |
| 6-7-12 | 0630 | CM | Dr. Bristol - f/u |
| | 170 | | S. Seen E interpreter for chronic Lt. shoulder |
| | | | pain because it isn't improving. He has |
| | | | been doing exercises as rec. |
| | | | O. ROM mildly reduced all directions + mildly |
| | | | uncomfortable. |
| | | | mild weakness + mild atrophy - rt hand |
| | | | Xr → mild degenerative changes |
| | | | A - OA Lt shoulder |
| | | | P - tried naproxen |
| | | | T. Bristol |
| 6/13/12 | 1615 | TLC | Rep C tx |
| | | | Approved T. Bristol |
| 7/19/12 | | CM | Dr. Guleck - SAK - HCU eval, Start tx - |

Allergy PCN

LARIOS-MARTINEZ, MOISES
14201155

CD 495H (12-07)

LAR-MAR-PLT- 086

(15)

Attachment 3
P&P P-G:03Oregon Department of Corrections
INFIRMARY PROGRESS NOTES

| DATE | TIME | CATEGORY | |
|---------|--------|----------|---------------------------------------|
| 9/30/12 | 1055 | CM | Liver bx complete H fallst |
| 9/30/12 | 1100 | IF | pt returned from Bx Doing well |
| 11/4/60 | 9:30 | 89P | 65% of Bleeding pt Denies any pain |
| | 987 | | DRicholsen |
| 11/15 | | | pt doing well Denies any problems |
| | | | 65% of Bleeding |
| 11/30 | | IF | pt doing, can't to lesion at side |
| 78P | 103/68 | 96% | Denies any pain - 65% of Bleeding |
| | | | DRicholsen |
| 11/45 | | 82P | pt can't at pt side Doing well |
| 104/58 | | 96% | Denies any problems - 65% of Bleeding |
| | | | DRicholsen |
| | 1800 | IF | pt doing well - pt Denies any |
| 100/60 | | 95% | problems - 65% of Bleeding |
| | | 78P | will sit up to eat DRicholsen |
| | 1300 | | pt doing well - 65% of Bleeding |
| 105/65 | | 81P | pt ate w/o problems - well |
| | | 95% | Get out of Bed DRicholsen |
| | 1350 | | pt doing well - pt was up |
| | | | for 1 hr Release to Gt |
| | | | DRicholsen |

Allergy _____

_____LARIOS-MARTINEZ, MOISES
14201155

Categories: INFM, INFH, INFO, INFC, INFL

Page 1 of 1

LAR-MAR-PLT- 027

Declaration of Steven Shelton, M.D.
Attachment 1; Page 37 of 100

81

Attachment 6
P&P P-G-03

OREGON DEPARTMENT OF CORRECTIONS HEALTH SERVICES
Nurse Infirmiry Admission Note

Diagnosis/Chief Complaint/Reason for Admit: NID for procedure

Provider: _____ ALLERGIES: _____

Assessment: _____ Daily _____ BID _____ Q Shift _____ Other _____

Admit Vital Signs: 97.4 T 95 P 16 R 129 BP 97 O2 Sat _____

Weight _____ Neuro checks q _____

Initial Admission Note - To Include Reason for Admission and Assessment (To be completed within 2 hours of admission): NID instructions given

☐ Continued on Back

| | Date | Initials |
|-------------------------------------|-------|----------|
| Noted Physician Orders | _____ | _____ |
| Flow sheet filed in chart | _____ | _____ |
| Completed Patient Assessment (SOAP) | _____ | _____ |
| Procured Medications/MAR | _____ | _____ |
| Updated Care Plan / Board | _____ | _____ |
| Infirmiry Admit Computer Procedure | _____ | _____ |

| | |
|---|--------------------|
| PREP ADMIT (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Procedure: _____ | |
| Patient given Prep Instructions: | _____ |
| | Date/Time Initials |
| Food Services Notified: | _____ |
| | Date/Time Initials |

Nurse Signature: Larios Martinez RN Date/Time: 5-29-12 2340

LARIOS-MARTINEZ, MOISES
14201155

Oregon Department of Corrections

Progress Notes

DATE TIME PROB.#

| | | | |
|---------|------|----|--|
| 4/25/12 | | | TLC Comm. Re: Hip C. treatment 2nd liver bx 1st |
| 5/7/12 | 1200 | cm | pre - op melanoma melanoma noted for funding appt. for liver bx. Dr. Bristol |
| 5/18/12 | | cm | Dr. Bristol: liver bx h+p Dr. Bristol see to do |
| 5/22/12 | | | lab draw |
| 5/22/12 | | cm | Dr. Bristol F/U (L) shoulder pain i. Shoulder no better - still hurts mainly Lt. Shoulder & upper arm. O. attempt ROM: reaches small of back Ext. rotation same as Rt but weaker Abduction - just past 90° - weaker, arms forward ~ 150° - weaker A. Enigmatic benign shoulder pain P. pendulum, gentle ROM as tol & wall working tid/gid daily Reth 2 wks T.B. |
| 5/23/12 | 1000 | cm | pt advised of in house liver bx. Advised to hold blood thinners ASD, Aspirin, clog etc until after pending appt. Education done. Verbalizes understanding of pending appt. Dr. Bristol 5/24/12 Med Hx - Per cut in leg Aug 5 credit Spun to get pt to receive post op care |

Allergy PCN

LARIOS-MARTINEZ, MOISES
14201155

CD 495H (12-07)

LAR-MAR-PLT- 102

Oregon Department of Corrections

Progress Notes

DATE TIME PROB.#

3/26/12 SRC-4302 1000 Vt Be drawn as ordered *MSS A*
 Larios
 Martinez

3/28/12 1515 TL C Comm RE: hematology consult
 Approach. T. Deek

3/30/12 CM Dr. Baustel: Ryle in Spanish will need interpreter

3/30/12 0840 CM Dr. Elliott-Blakeslee: Consult / Shoulder pain -
 S: Whole upper (L) arm & upper back, upper shoulder
 hurt. (L) arm/hand "asleep." Started 45 d
 ago. Thinks his shoulder is inflamed. Doesn't
 know what caused it. Says he was in accident
 4-5 years ago & injured his spine, so that his (L)
 leg has pain in it.
 O: Pt has full ROM (L) shoulder, elbow, wrist,
 & fingers. Muscle bulk on (L) = to that on (R)
 (R) handed. No strength for shoulder shrug,
 resisted movement of shoulder (flex/extend),
 elbow, wrists. Grip strength prob. on (L)
 also (no atrophy in muscles in hands) but
 pt. refuses to give (L) hand his best effort
 Reflexes 2+ = bil for radials, biceps
 & triceps. A/O pain no matter where I touch
 him on (L) upper arm/forearm & arm/hand. None on (R)
 C/o + vibration sense in C6, C7, C8, ~~T1~~ & C5
 nerve distributions in (L) UE.
 A: Pain doubtfully caused by nerve prob. His
 muscles on (L) upper half are sore

Allergy

PCN P: I suggest taking his
 sleeve away & towel him if he
 has one, & make him
 exercise.

Could try NSAID, tylenol, ASA, triacetin

LARIOS-MARTINEZ, MOISES D.
 14201155

CD 495H (12-07)

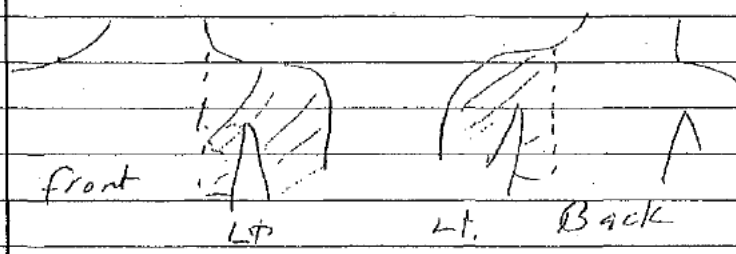
LAR-MAR-PLT- 104

99

Oregon Department of Corrections

Progress Notes

DATE TIME PROB.#

| | | | | |
|---------|------|-----------|--|---|
| 3-12-12 | 0935 | cm Lab | SRC-4037 Last OS- NAME | Lab draw done (Fibrinogen Blood test) Rt AC 1 st attempt <i>Onshell</i> |
| 3-12-12 | 1510 | cm Lab | | Lt Shoulder + chest xray taken <i>JP</i> |
| 3-9-12 | 0615 | cm | | NO obvious gbn, but poor inspiration, T. Bech |
| 3-14-12 | 0755 | cm Lab | SRC-4074 NAME | Lab draw done (Ble, BR, RPB, CRP.) Rt AC 1 st attempt <i>Onshell</i> |
| 3-16-12 | 0630 | CM | Dr. Bristol: Flu shoulder inj. pr. | Lt. Four quarter pain (on tines) unobtainable (NO interpretation) O - arm in a sling. Demonstrates pain in almost any shoulder movement. Global weakness entire LUE - all groups Pinprick + Vibratory globally lighter entire Lt. Four quarter but not to midline |
| | | | |  |
| 3-21-12 | | CM | A - non-anatomical T. Bristol MD Ble only | Labs reviewed in Dr. Bech: Slowly falling plts 129,000 → 95,000 since May 2010 (our 1 st CBC) + NOT explained by Hep C since fibrinogen only 3/5/12 which agrees with a 2010 Liver biopsy. Smear ok. Hematology consult suggested. TO TUC. |

Allergy

GON.

T. Bech

LARIOS-MARTINEZ, MOISES D.
14201155

LARIOS (12-07)

LAR-MAR-PLT- 105

(27)

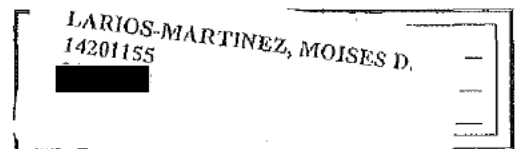
Oregon Department of Corrections

Progress Notes

DATE TIME PROB.#

| | | | |
|---------|------|----|--|
| 2/24/12 | 1500 | CM | <p>Si - Brutel - Numbness</p> <p>S. No intubation. He feels no better & probably worse. He continues to c/o pain + numbness entire lt. forearm + esp the upper arm. He now has LLE intermittent numbness x 3 days. No prior history. He does not recall if onset was during the day or if was present on awakening.</p> <p>O. Appears anxious + guards his LLE. Gait is N.</p> <p>Pinprick not sharp lt. side of head, shoulder, LLE + LLE dividing right at the midline. pulses + color equal. LLE/LLE intact but c/o guarding LLE. DTR's equal knees + ankles but upper extrem are poorly elicited bilat. Face is symmetrical + eyes conjugate</p> <p>Labs: note slowly declining platelets, mildly PLT's</p> <p>A - non-physiologic numbness progressive</p> <p>Hep C c/o declining platelets, ? related.</p> <p>P - discuss at TLC</p> |
| 2/27/12 | 0900 | CM | <p>T. Bersto</p> <p>Joined + Immured to units</p> |
| 2/29/12 | 1400 | CM | <p>TLC Comm Re: Re by early? / pass him to fibrosure for now</p> <p>T. Bersto</p> |

Allergy PCN



H (12-07)

LAR-MAR-PLT- 039

OREGON DEPARTMENT OF CORRECTIONS HEALTH SERVICES
Nurse Infirmary Admission Note

Diagnosis/Chief Complaint/Reason for Admit: linen bx

Provider: Dr Elliott-Blakely ALLERGIES: pen

Assessment: Daily BID Q Shift Other

Admit Vital Signs: 97.3 T 74 P 14 R 140/80 BP 97.02 Sat RA

Weight Neuro checks q x

Initial Admission Note - To Include Reason for Admission and Assessment (To be completed within 2 hours of admission): Send AA/OX3 - aspirin
Review NPO instructions & no use of phone - get verbalized
Understanding J Campbell

10/6/10 Transfer to apt C 0638 J Campbell

☐ Continued on Back

| | Date | Initials |
|-------------------------------------|----------------|----------|
| Noted Physician Orders | <u>10-4-10</u> | <u>S</u> |
| Flow sheet filed in chart | <u>10-4-10</u> | <u>S</u> |
| Completed Patient Assessment (SOAP) | <u>10-4-10</u> | <u>S</u> |
| Procured Medications/MAR | <u>10-4-10</u> | <u>S</u> |
| Updated Care Plan / Board | <u>10-4-10</u> | <u>S</u> |
| Infirmary Admit Computer Procedure | <u>10-4-10</u> | <u>S</u> |

| | |
|--|--------------------|
| PREP ADMIT (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Procedure: <u>linen bx</u> | |
| Patient given Prep Instructions: <u>10-4-10</u> | <u>S</u> |
| | Date/Time Initials |
| Food Services Notified: <u> </u> | <u> </u> |
| | Date/Time Initials |

Nurse Signature: J Campbell Date/Time: 2315 10/6/10

LARIOS-MARTINEZ, MOISES
SID#14201155
DOB

(43)

Oregon Department of Corrections

Progress Notes

| DATE | TIME | PROB.# | |
|---------|------|--------|--|
| 12/5/10 | 1000 | CM | BM med monitoring completed. Pt c/o N/V, ↓ appetite d/t N/V ↓ energy - also has (L) sided "knee" pain. Pain ↑ - will put pt in for a CR to see about antibiotic med for culture/KP? Pt's Wt has been between 161# to 155#. Today 159#. Skin brown, warm, dry - sclera is white. LABs already sent - next one is 9/27/10. Wt monitor only. Fluoridated |
| 6/2/10 | 0820 | CM | SRC-0300: 1701 PPT drawn Labs (RFAE) 1st attempt KPBT |
| 6/1/10 | 1000 | CM | pt advised per chart. to avoid ACS, alcohol, drugs etc until after pending appt. Don't fully understand if on stricte. continue otherwise. Swallow |
| 10/5/10 | 1215 | CM | Returned from OOF appt liver bx. No new orders received. Per Dr Gulek may leave for general population housing. W/ |
| 10-13 | 10 | LO | CCM F8: Liver BX results: No medical Tx indicated @ this time. Eligible for re-bx in 4 to 5 years ✓ |

Allergy PCN

LARIOS-MARTINEZ, MOISES
SID#14201155
DOB: [REDACTED]

CD 495H (12-1)

LAR-MAR-PLT- 055

(48)

Oregon Department of Corrections

Progress Notes

DATE TIME PROB.#

| | | | |
|---------|--------------|----|---|
| 1/13/10 | | CM | Facial X-ray taken - KRRT Need tx - ? orbital, possibly on @? off X-ray read by Dr. Gambino @ HR -> no evidence of orbital fx off |
| 1/23/10 | 0710 | CM | SRC-8745 Labs drawn (PFAES) 1st attempt - KRRT |
| 1/26/10 | 0935 | CM | TB med monitoring completed. Will continue to monitoring monthly. A. Hughes, RN |
| 8/5/10 | | CM | J. Elliott-Blakeslee MD: SMR: HCVUUL See Nap C SUR off |
| 8/6/10 | | CM | J. Elliott-Blakeslee MD: SMR: HCVUUL Cancelled - done 8/5/10, off RHT7 |
| 8-11-10 | | | TLC Comm. Re: Liver Bx: TLC approves liver bx off |
| 8/24/10 | 1320 155# | CM | TB med monitoring completed PT c/o N/V, ↓ appetite & feeling tired - through interpreter - Nurse Landerer de discussed c Dr Elliott pt to have 1701 - gnt until tx complete. Will fix end of next Dr Elliott discussed concerns c pt & spouse - Kloraph |
| 8/27/10 | 0920 | BM | SRC-8299 1701 drawn (PFAES) 1st attempt - KRRT |
| 9/1/10 | 0915 | CM | per se orders received & noted for pending Liver Bx. off off |
| 9/8/10 | 0815 | CM | SRC-77 ANA drawn (PFAES) 1st attempt KRRT |

Allergy PCN

| | |
|-------------------------|--|
| LARIOS-MARTINEZ, MOISES | |
| SID#14201155 | |
| DOB | |
| | |

CD 495H (5-9)

LAR-MAR-PLT- 060

190

Oregon Department of Corrections

Progress Notes

DATE TIME PROB.#

6/29/10 1430 (cont) 1) Nares red, swollen & sign of infection. Pt states has blood nose. Wound on nose is clean, edges well approximating.
 A) Allt in comfort
 P) Advised pt blow one nostril at a time (2) Per protocol use salt water nasal rinse (3) Take tylenol or 160 per protocol (4) Hot packs to nose 3-4 x/day & 7 days (5) Rtc if HA persist

7/2/10 0900 VACC Transm. series started p Hep A/B V/S info reviewed & issued. Consent signed. Uttersen R

DATE: 7-2-10
 TWINRIX# 1
 GIVEN IN LEFT DELTOID ARM.
 BY: Uttersen R

7/9/10 1030 On TB med monitoring completed. Nurse Larios-Martinez integrated Pt describe all side effects. Win flu and of mth for monitoring. Krosfeld

160#

7/9/10 1410 S/C HUC3 Pt speaks hardly any English. C.O. Martin as interpreter (5). Pt was hit on the nose & soft ball about 15 days since then still has blood when he blow his nose once or twice a day. Pain in nose of ^{the} bridge and in center of lower forehead. Pt takes Ibuprofen and it helps. Pt 40. doesn't see well, being foggy since he got hit.
 (1) Scar on bridge well healed. P.E.R.L. Denies eye pain. Snelling exam Near Both 20/25. (R) 20/30 (L) 20/30 Far Both 20/15 (R) 20/13. (L) 20/15.
 A) Alteration in comfort & potential vision.
 P) Schedule facial X-ray for nose, forehead & Cont. Ibuprofen A. Rich R

Allergy

PCN

LARIOS-MARTINEZ, MOISES

SID#14201155

DOB [REDACTED]

CD 495H (5-96)

LAR-MAR-PLT- 196

53)

Oregon Department of Corrections

Progress Notes

DATE TIME PROB.#

| | | | |
|---------|------|------|--|
| 5/13/10 | 1940 | cm | Kitchen cleaning paperwork ided need to be fixed at 5/15/10. discussed |
| 6/4/10 | 1040 | CM | Discussed w pt need for TB tx & CD Romazov (interpret). Discussed med. their side effects, when/where to get medication & how many doses needed to complete tx. Pt verbalized understanding & agreement to POC. Order written for MAR & SNR initiated. HIV already neg. notes written on face/jaw sheet for records with flu ntly. K Rose filed A |
| 6/11/10 | 0900 | CM | SRC-7214 CBC drawn (RTAC) 1st attempt KPR |
| 6/11/10 | 0840 | CM | SRC-8130 Hep ABC drawn (RTAC) 1st attempt KPR |
| 6/25/10 | 1600 | UNSC | 3) Im hurt nose during sport hit in head w soccerball. Spanish speaking can speak some English. Im reports no pain. a) 2cm laceration @ T bridge of nose. Cant bleed superficial 0.6 cm depth. NS cleanse. A) alt in skin integrity B) P NS cleanse, strip, stp x1, banda to cover. Schedul for Clinic to check wound 6/27. Im teaching to not get wet. |
| 6/29/10 | 1430 | SC | Pt seen on flu & interpreter: 3) c/o HA and blood when blowing nose (cont) |

Allergy

NKDA

LARIOS-MARTINEZ, MOISES
SID#14201155
DOB: [REDACTED]

CD 495H (5-96)

LAR-MAR-PLT- 065

(31)

Oregon Department of Corrections

Progress Notes

DATE TIME PROB.#

4/20/10 0920 S Seen for intake HVT
A: See K. Brown
Health ST
flu report facility

Coffee Creek Intake Transfer Out Chart Review

- Transfer Date 5/11/10 Transferring to SRCI 1. State of general health Stable
2. Date of last PPD 1/12/10 Results 20mm weak + a. Green sheet in health care record Yes
b. Date chest x-ray completed if positive 1/27/10 c. Chest x-ray results WNL weak
3. Date intake physical completed 4/20/10 4. Date dental intake completed 5/6/10
5. List any Special Needs/ Chronic Disease Positive PPD
a. DOC 400 shows inmate special needs of Yes
b. Twin Rix Vaccine series started; date of last vaccine None Number in series Refusal
6. List any disability or special equipment needs None
Equipment being sent with the inmate None
7. List any medications the inmate is receiving None
a. MAR pulled None b. Medications and overflow medications pulled None
c. List any KOP meds None
8. List pending medical appointments None 9. Is the inmate on the BHS caseload No
10. Health status updated ✓
11. Real chart being sent Yes Overflow, number sent 8 a. X-rays sent 0
RN Signature Shelton Date/Time 5/10/10 1350

Date 5/11/10 Time 2030 Received from CCCF
Received at: SRCI Access to Dental and Medical explained. PPD current Y/N, Date of last PPD 1/12/10 Refused to
Cleared for Food Service Y/N Indefinite Pending Appt. Y/N 0
On Meds Y/N 0 Sent Y/N N/A Mental Health Referral Y/N 0
SN Y/N POS PPD Signature Shelton

5/11/10 2345 cm 1701/HIV ordered; x-ray results to be obtained
by Dean if possible. Another ordered if not.
D. Mass. work
SRC-5802
5/13/10 0800 CM 1701 HIV disorder (R4AC)
1st attempt RPR

Allergy Pen

LAURIOS-MARTINEZ, MOISES
14201155

CD 495H (5-96)

LAR-MAR-PLT- 043

71



Client: SHAKE RIVER CORRECTIONS

LARIOS-MARTINEZ, MOIS Acc: 12-20599
DOB: [REDACTED] 49y M Req: SRC-468
Dr: GULICK, GARTH ID: 14201155
Mailstop: FAX SSN:

Mountain Time
Coll: 12/10/2012 07:10
Recd: 12/10/2012 14:05
Rept: 12/11/2012 06:00
Hrs Fast: N/G

LARIOS-MARTINEZ, MOIS Acc: 12-20599
DOB: [REDACTED] 49y M Req: SRC-468
Dr: GULICK, GARTH ID: 14201155
Mailstop: FAX SSN:

Mountain Time
Coll: 12/10/2012 07:10
Recd: 12/10/2012 14:05
Rept: 12/11/2012 06:00
Hrs Fast: N/G

| Test | Value | Reference Range | Units | LC | Test | Value | Reference Range | Units | LC |
|----------------|--------|-----------------|-------|----|------|-------|-----------------|-------|----|
| CBC | | | | | | | | | |
| WBC | 1.7 L | 4.5-11.0 | K/uL | BW | | | | | |
| RBC | 3.12 L | 4.3-5.7 | M/uL | BW | | | | | |
| HEMOGLOBIN | 10.3 L | 13.5-18.0 | g/dL | BW | | | | | |
| HEMATOCRIT | 31.2 L | 41-50 | % | BW | | | | | |
| HCV | 99.9 H | 81-99 | fL | BW | | | | | |
| RDW | 18.2 H | 10.5-15.0 | % | BW | | | | | |
| MCH | 33 | 27-33 | pg | BW | | | | | |
| MCHC | 33 | 30-36 | % | BW | | | | | |
| PLATELET COUNT | 56 L | 140-440 | K/uL | BW | | | | | |
| NEUTROPHILS | 40.4 | 39-80 | % | BW | | | | | |
| LYMPHOCYTES | 51.1 H | 24-44 | % | BW | | | | | |
| MONOCYTES | 7.1 | 0-12 | % | BW | | | | | |
| EOSINOPHILS | 0.5 | 0-6 | % | BW | | | | | |
| BASOPHILS | 0.9 | 0-2 | % | BW | | | | | |

VERIFIED BY REPEAT ANALYSIS, LEM

Smear review has confirmed the above stated values, LEM

PLATELET SLIDE ESTIMATE AGREES WITH COUNT, LEM

Abnormal RBC population suspected, Slide review to follow.

TECHNICAL SLIDE SEE COMMENT

AA

RBC MORPHOLOGY: Moderate Anisocytosis (Macrocytes), Slight Hypochromasia, Slight Poikilocytosis (Ovalocytes, Teardrop Cells, Schistocytes, Target Cells, Echinocytes). RDW
Smear review shows few large platelets. RD

AML ~680

THIS IS A COMPLETED REPORT

LARIOS-MARTINEZ, MOIS Coll: 12/10/2012 Rept: 12/11/2012

LAR-MAR-PLT- 077

72

11/30/2012 12:02:15 PM PAGE 2/003 Fax Server



Client: SNAKE RIVER CORRECTIONS

Mountain Time
 LARIOS-MARTINEZ, MOIS Acc: 11-53727 Coll: 11/26/2012 06:30
 DOB: [REDACTED] 49y M Req: SRC-8591 Recd: 11/26/2012 12:41
 Dr: GULICK, GARTH ID: 14201155 Rept: 11/30/2012 13:01
 Mailstop: FAX SSN: Hrs Fast: N/G

Mountain Time
 LARIOS-MARTINEZ, MOIS Acc: 11-53727 Coll: 11/26/2012 06:30
 DOB: [REDACTED] 49y M Req: SRC-8591 Recd: 11/26/2012 12:41
 Dr: GULICK, GARTH ID: 14201155 Rept: 11/30/2012 13:01
 Mailstop: FAX SSN: Hrs Fast: N/G

| Test | Value | Reference Range | Units | LC | Test | Value | Reference Range | Units | LC |
|-------------------|--------|-----------------|--------|----|---|--------------|-----------------|-----------|----|
| CHEM PLUS + CBC | | | | | CBC | | | | |
| CHEM PLUS | | | | | MBC | 1.3 L | 4.5-11.0 | K/uI | BW |
| GLUCOSE | 95 | 70-100 | mg/dL | BW | RBC | 3.57 L | 4.3-5.7 | M/uI | BW |
| PHOSPHORUS, INORG | 2.7 | 2.5-5.0 | mg/dL | BW | HEMOGLOBIN | 11.7 L | 13.5-18.0 | g/dL | BW |
| URIC ACID | 4.1 L | 4.4-7.6 | mg/dL | BW | HEMATOCRIT | 35.2 L | 41-50 | % | BW |
| BILIRUBIN, TOTAL | 0.6 | 0.0-1.2 | mg/dL | BW | MCV | 98.8 | 81-99 | fL | BW |
| CALCIUM | 8.4 | 8.4-10.2 | mg/dL | BW | RDW | 18.9 H | 10.5-15.0 | % | BW |
| MAGNESIUM | 2.2 | 1.7-2.5 | mg/dL | BW | MCH | 33 | 27-33 | pg | BW |
| | | | | | MCHC | 33 | 30-36 | % | BW |
| SODIUM | 140 | 132-143 | meq/L | BW | PLATELET COUNT | 59 L | 140-440 | K/uI | BW |
| POTASSIUM | 4.1 | 3.6-5.1 | meq/L | BW | NEUTROPHILS | 29.5 L | 39-80 | % | BW |
| CHLORIDE | 111 | 95-112 | meq/L | BW | LYMPHOCYTES | 60.3 H | 24-44 | % | BW |
| CARBON DIOXIDE | 24 | 19-31 | meq/L | BW | MONOCYTES | 9.1 | 0-12 | % | BW |
| UREA NITROGEN | 14 | 6-23 | mg/dL | BW | EOSINOPHILS | 0.7 | 0-6 | % | BW |
| CREATININE, SERUM | 0.91 | 0.50-1.50 | mg/dL | BW | BASOPHILS | 0.4 | 0-2 | % | BW |
| GFR ESTIMATION | >60 | | ml/min | BW | VERIFIED BY REPEAT ANALYSIS. Smear review has confirmed the above stated values. JMNEI | | | | |
| BUN/CREAT. RATIO | 15.4 | 6.0-28.6 | | BW | MANUAL PLATELET ESTIMATE IS 70,000. NO CLUMPING SEEN. FEW GIANT PLATELETS. JMNEI | | | | |
| PROTEIN | 6.6 | 6.0-8.0 | g/dL | BW | TSH, 3rd GEN. | 3.72 | 0.270-4.20 | uIU/mL | AA |
| ALBUMIN | 4.1 | 3.5-5.0 | g/dL | BW | HCV RNA QUANT by PCR | | | | |
| GLOBULIN | 2.5 | 1.8-3.5 | g/dL | BW | HCV | NOT DETECTED | not detected | IU/mL | AA |
| A/G RATIO | 1.6 | 1.1-2.4 | | BW | HCV | NOT DETECTED | not detected | Log IU/mL | AA |
| GGT | 35 | 5-60 | U/L | BW | NOT DETECTED - The result is less than the limit of detection. This does not rule out the presence of PCR inhibitors in the patient sample or hepatitis C virus concentrations below the level of detection of the assay. Care should be taken when interpreting any single viral load determination. | | | | |
| ALKALINE PHOS | 80 | 30-128 | U/L | BW | NOT QUANTIFIED - The assay detected the presence of the virus but was unable to accurately quantify the number of copies. This would indicate a result between 1.3 log IU/mL (18 IU/mL) and 1.6 log IU/mL (43 IU/mL). | | | | |
| AST(SGOT) | 27 | 0-40 | U/L | BW | The HCV PCR Quantitation test is not intended for use as a screening test for the presence of HCV in blood or blood products. | | | | |
| ALT(SGPT) | 23 | 0-46 | U/L | BW | Assay methodology is an FDA approved nucleic acid amplification test for the quantitation of Hepatitis C RNA using the COBAS TaqMan analyzer. | | | | |
| LD | 209 | 100-215 | U/L | BW | Clinical Utility: NIH 2002 recommendations state, Early viral response (EVR), defined as a minimum 2 log decrease in viral load during the first 12 weeks of treatment, is predictive of Sustained Virological Response (SVR) and should be a routine | | | | |
| CHOLESTEROL | 154 | OPT: <200 | mg/dL | BW | (CONTINUED) | | | | |
| TRIGLYCERIDES | 150 | 30-150 | mg/dL | BW | | | | | |
| HDL | 51.9 | OPT: >40 | mg/dL | BW | | | | | |
| LDL | 72 | OPT: <100 | mg/dL | BW | | | | | |
| VLDL | 30 | 4-40 | mg/dL | BW | | | | | |
| IRON | 233 H | 37-160 | ug/dL | BW | | | | | |
| TIBC | 329 | 245-400 | ug/dL | AA | | | | | |
| % SATURATION | 70.8 H | 20-55 | % | AA | | | | | |

ESTIMATED GFR Reference Range:

GFR = Less than 60: Chronic Kidney Disease, if found over a 3 month period.

GFR = Less than 15: Kidney Failure.

For African Americans, multiply the calculated GFR by 1.21.

GFR calculation is not valid for patients under age 18 years.

For patients over age 70 please interpret results with caution as results have not been validated for this calculation method

Clinical Utility: NIH 2002 recommendations state, Early viral response (EVR), defined as a minimum 2 log decrease in viral load during the first 12 weeks of treatment, is predictive of Sustained Virological Response (SVR) and should be a routine

(CONTINUED)

LAR-MAR-PLT- 078

73

11/9/2012 7:01:57 AM PAGE 4/004 Fax Server



Client: SNAKE RIVER CORRECTIONS

LARIOS-MARTINEZ, MOIS Acc: 11-14952
 DOB: [REDACTED] 49y M Req: SRC-9066
 Dr: GULICK, GARTH ID: 14201155
 Mailstop: FAX SSN:

Mountain Time
 Coll: 11/07/2012 N/G
 Recd: 11/07/2012 13:11
 Rept: 11/09/2012 08:00
 Hrs Fast: N/G

LARIOS-MARTINEZ, MOIS Acc: 11-14952
 DOB: [REDACTED] 49y M Req: SRC-9066
 Dr: GULICK, GARTH ID: 14201155
 Mailstop: FAX SSN:

Mountain Time
 Coll: 11/07/2012 N/G
 Recd: 11/07/2012 13:11
 Rept: 11/09/2012 08:00
 Hrs Fast: N/G

| Test | Value | Reference Range | Units | LC | Test | Value | Reference Range | Units | LC |
|------|-------|-----------------|-------|----|------|-------|-----------------|-------|----|
|------|-------|-----------------|-------|----|------|-------|-----------------|-------|----|

HCV RNA QUANT by PCR

| | | | | |
|-----|----------------|--------------|-----------|----|
| HCV | NOT QUANTIFIED | not detected | IU/mL | AA |
| HCV | NOT QUANTIFIED | not detected | Log IU/mL | AA |

NOT DETECTED - The result is less than the limit of detection. This does not rule out the presence of PCR inhibitors in the patient sample or hepatitis C virus concentrations below the level of detection of the assay. Care should be taken when interpreting any single viral load determination.

NOT QUANTIFIED - The assay detected the presence of the virus but was unable to accurately quantify the number of copies. This would indicate a result between 1.3 log IU/mL (18 IU/mL) and 1.6 log IU/mL (43 IU/mL).

The HCV PCR Quantitation test is not intended for use as a screening test for the presence of HCV in blood or blood products.

Assay methodology is an FDA approved nucleic acid amplification test for the quantitation of Hepatitis C RNA using the COBAS TaqMan analyzer.

Clinical Utility: NIH 2002 recommendations state, Early viral response (EVR), defined as a minimum 2 log decrease in viral load during the first 12 weeks of treatment, is predictive of Sustained Virological Response (SVR) and should be a routine part of monitoring patients with genotype 1. Patients who fail to achieve an EVR at week 12 of treatment have a small chance of achieving and SVR even if therapy is continued for a full year. Treatment need not be extended beyond 12 weeks in these patients.

Result HL7 to Oregon Health Dept by AJSJE at 2012-11-09 07:00:37 Comment: Sent by background process (HL7 Delivery)
 Result HL7 to Oregon Health Dept by AJSJE at 2012-11-09 07:00:37 Comment: Sent by background process (HL7 Delivery)

THIS IS A PRELIMINARY REPORT

LARIOS-MARTINEZ, MOIS Coll: 11/07/2012 Rept: 11/09/2012

11-09-12
 JB
 file in pt's chart

LAR-MAR-PLT- 079

75

10/5/2012 5:02:00 AM PAGE 2/030 Fax Server



Client: SNAKE RIVER CORRECTIONS

Mountain Time
 LARIOS-MARTINEZ, MOIS Acc: 10-1382 Coll: 10/01/2012 09:00
 DOB: M Req: SRC-8595 Recd: 10/01/2012 13:44
 Dr: GULICK, GARTH ID: 14201155 Rept: 10/05/2012 06:00
 Mailstop: FAX SSN: Hrs Fast: 12

Mountain Time
 LARIOS-MARTINEZ, MOIS Acc: 10-1382 Coll: 10/01/2012 09:00
 DOB: M Req: SRC-8595 Recd: 10/01/2012 13:44
 Dr: GULICK, GARTH ID: 14201155 Rept: 10/05/2012 06:00
 Mailstop: FAX SSN: Hrs Fast: 12

| Test | Value | Reference Range | Units | LC | Test | Value | Reference Range | Units | LC |
|-------------------|---------------|-----------------|--------|----|--|--------|-----------------|-----------|----|
| CHEM PLUS + CBC | | | | | CBC | | | | |
| GLUCOSE | 106 H | 70-100 | mg/dL | BW | WBC | 2.1 L | 4.5-11.0 | K/uL | BW |
| PHOSPHORUS, INORG | 2.1 L | 2.5-5.0 | mg/dL | BW | RBC | 3.99 | 3.8-5.7 | M/uL | BW |
| URIC ACID | 4.0 | 2.3-7.6 | mg/dL | BW | HEMOGLOBIN | 12.8 | 12.0-18.0 | g/dL | BW |
| BILIRUBIN, TOTAL | 0.8 | 0.0-1.2 | mg/dL | BW | HEMATOCRIT | 37.9 | 35-50 | % | BW |
| CALCIUM | 8.1 L | 8.4-10.2 | mg/dL | BW | MCV | 95.1 | 81-99 | fL | BW |
| MAGNESIUM | 2.6 H | 1.7-2.5 | mg/dL | BW | RDW | 15.7 H | 10.5-15.0 | % | BW |
| SODIUM | 139 | 132-143 | meq/L | BW | MCH | 32 | 27-33 | pg | BW |
| POTASSIUM | 3.8 | 3.6-5.1 | meq/L | BW | MCHC | 34 | 30-36 | % | BW |
| CHLORIDE | 110 | 95-112 | meq/L | BW | PLATELET COUNT | 70 L | 140-440 | K/uL | BW |
| CARBON DIOXIDE | 20 | 19-31 | meq/L | BW | NEUTROPHILS | 36.2 L | 39-80 | % | BW |
| UREA NITROGEN | 21 | 6-23 | mg/dL | BW | LYMPHOCYTES | 50.4 H | 24-44 | % | BW |
| CREATININE, SERUM | 0.84 | 0.5-1.5 | mg/dL | BW | MONOCYTES | 4.5 | 0-12 | % | BW |
| GFR ESTIMATION | NOT PERFORMED | | ml/min | BW | EOSINOPHILS | 0.7 | 0-6 | % | BW |
| BUN/CREAT. RATIO | 25.0 | 6.0-28.6 | | BW | BASOPHILS | 0.2 | 0-2 | % | BW |
| PROTEIN | 6.6 | 6.0-8.0 | g/dL | BW | VERIFIED BY REPEAT ANALYSIS. Smear review has confirmed the above stated values. JHNEI | | | | |
| ALBUMIN | 3.7 | 3.5-5.0 | g/dL | BW | MANUAL PLATELET ESTIMATE IS 100,000. NO CLUMPING SEEN. JHNEI | | | | |
| GLOBULIN | 2.9 | 1.8-3.5 | g/dL | BW | HCV RNA QUANT by PCR | | | | |
| A/G RATIO | 1.3 | 1.1-2.4 | | BW | HCV | 5506 H | not detected | IU/mL | AA |
| GGT | 26 | 5-60 | U/L | BW | HCV | 3.7 H | not detected | Log IU/mL | AA |
| ALKALINE PHOS | 79 | 30-128 | U/L | BW | | | | | |
| AST(SGOT) | 27 | 0-40 | U/L | BW | | | | | |
| ALT(SGPT) | 22 | 0-46 | U/L | BW | | | | | |
| LD | 217 H | 100-215 | U/L | BW | | | | | |
| CHOLESTEROL | 110 | OPT: <200 | mg/dL | BW | | | | | |
| TRIGLYCERIDES | 108 | 30-150 | mg/dL | BW | | | | | |
| HDL | 33.0 L | OPT: >40 | mg/dL | BW | | | | | |
| LDL | 55 | OPT: <100 | mg/dL | BW | | | | | |
| VLDL | 22 | 4-40 | mg/dL | BW | | | | | |
| IRON | 260 H | 37-160 | ug/dL | BW | | | | | |
| TIBC | 298 | 245-400 | ug/dL | AA | | | | | |
| % SATURATION | 87.2 H | 20-55 | % | AA | | | | | |

ESTIMATED GFR Reference Range:

GFR = Less than 60; Chronic Kidney Disease, if found over a 3 month period.

GFR = Less than 15: Kidney Failure.

For African Americans, multiply the calculated GFR by 1.21.

GFR calculation is not valid for patients under age 18 years.

For patients over age 70 please interpret results with caution as results have not been validated for this calculation method

NOT DETECTED - The result is less than the limit of detection. This does not rule out the presence of PCR inhibitors in the patient sample or hepatitis C virus concentrations below the level of detection of the assay. Care should be taken when interpreting any single viral load determination.

NOT QUANTIFIED - The assay detected the presence of the virus but was unable to accurately quantify the number of copies. This would indicate a result between 1.3 log IU/mL (18 IU/mL) and 1.6 log IU/mL (43 IU/mL).

The HCV PCR Quantitation test is not intended for use as a screening test for the presence of HCV in blood or blood products.

Assay methodology is an FDA approved nucleic acid amplification test for the quantitation of Hepatitis C RNA using the COBAS TaqMan analyzer.

Clinical Utility: NIH 2002 recommendations state, Early viral response (EVR), defined as a minimum 2 log decrease in viral load during the first 12 weeks of treatment, is predictive of Sustained Virological Response (SVR) and should be a routine part of monitoring patients with genotype 1. Patients who fail to achieve an EVR at week 12 of treatment have a small chance of achieving and SVR even if therapy is continued for a full

(CONTINUED)

10/11

LAR-MAR-PLT- 081